

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19583

FILED JUN 10 1957

STATE FILE NUMBER

36334-57 Registration District No. **317** Primary Registration District No. **544** Registrar's No. **1250**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kirkwood 22 4770 Inside Limits <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp Length of stay in lb 10 Days		d. STREET ADDRESS (If outside, give location) 260 Monica Dr. Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) LORI LEE HOUSMANN First Middle Last			4. DATE OF DEATH May 15 1957 Month Day Year				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 5, 1957		9. AGE (In years last birthday) 10	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Kirkwood 22, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13. FATHER'S NAME Ernest Housmann	14. MOTHER'S MAIDEN NAME Alice Richardson
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. None	17. INFORMANT Ernest Housmann, 260 Monica Dr. Address Kirkwood Mo
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) respiratory failure DUE TO (b) prematurity DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 6 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). 7735		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 AM - May 14 C. Kid.	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. 3 AM May 14 C. Kid.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION Kirkwood		COUNTY STATE

21. I attended the deceased from MAS to 5/18/57 and last saw her alive on 5/14/57 Death occurred at 3 AM m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) C. K. Hammett	22b. ADDRESS 35 N. Central, Clayton	22c. DATE SIGNED 5/16/57

23a. BURIAL, CREMATION, REINTERMENT (Specify)	23b. DATE 5-17-1957	23c. NAME OF CEMETERY OR CREMATORY Oak Hill	23d. LOCATION (City, town, or county) (State) Kirkwood 22 Missouri
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24. FUNERAL DIRECTOR Pfitzinger Mort, 331 S. Kirkwood	ADDRESS Rd.	25. DATE RECD. BY LOCAL REG. 5-16-57	26. REGISTRAR'S SIGNATURE Heber R. Lamb
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(Licensed Embalmer's Statement on Reverse Side)

Section, calendar, etc. must use only standard nomenclature in item 18. No symptoms with be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ben C. Hoffman*.....

Licensed Embalmer No. *43*.....

P. O. Address *Geneva, Ill.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.