

No. 300  
10. 48  
FILED JUL 11 1957THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH57 022950  
State File No.

BIRTH NO. 43871-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6002

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Iowa b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place) 5 days	c. CITY Cedar Rapids
d. FULL NAME OF HOSPITAL OR INSTITUTION 24 St. Louis Children's Hospital		e. STREET ADDRESS (If rural, give location) 33 1135 Thirty Third Street 8148	
3. NAME OF DECEASED (Type or Print) Linda Lea Tharp		4. DATE OF DEATH (Month) (Day) (Year) 6-26-57	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 6-20-57
9. AGE (In years last birthday) 6	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days 6	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME ?	
13b. MOTHER'S MAIDEN NAME Brenda Marie Tharp		14. NAME OF HUSBAND OR WIFE Single	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Alice Lambidge 500 S. Kingshighway	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		INTERVAL BETWEEN ONSET AND DEATH 6 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)		
DUE TO (c)	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Respiratory failure		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 7735		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-21, 1957, to 6-26, 1957, that I last saw the deceased alive on 6-26, 1957, and that death occurred at 2:30 A.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. J. Woltemans M.D.		23b. ADDRESS St. Louis Mo.	23c. DATE SIGNED 6-26-57
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE 6-27-57	24c. NAME OF CEMETERY OR CREMATORY OAK LAKE CREMATORY	24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.
DATE REC'D BY LOCAL REG. JUN 27 '57	REGISTRAR'S SIGNATURE R. Lupton	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. Lupton 7233 Dolmar St. Louis Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

*Shays*  
*(City)*

**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..

*Not Embalmed*

Student.....  
Signature of Student Embalmer

Signed *John J. Lupton*.....  
Licensed Embalmer No.....

P. O. Address *H. Lupton*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure 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.