

FILED JUL 22 1957

STANDARD CERTIFICATE OF DEATH
THE DIVISION OF HEALTH OF MISSOURI

26759

STATE FILE NUMBER

Registration District No. 312 Primary Registration District No. 541 Registrar's No. 1636

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>VALLEY PARK</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>COUNTY HOSP</u>			Length of stay in lb <u>1 1/2 DAYS</u>		d. STREET ADDRESS (If outside, give location) <u>212 A. FOREST</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Baby</u> Middle <u>Girl</u> Last <u>BRANSON</u>				4. DATE OF DEATH Month <u>6</u> Day <u>26</u> Year <u>57</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>6-24-57</u>		9. AGE (In years last birthday) Months <u>1 1/2</u> Days <u></u> Hours <u></u> Min. <u></u>	10. IF UNDER 1 YEAR IF UNDER 2 YRS.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>CLAYTON, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13. FATHER'S NAME <u>CHARLES BRANSON</u>				14. MOTHER'S MAIDEN NAME <u>THELMA SMITH</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>Charles Branson, Valley Park, Mo.</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a); (b); and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PROBABLE HYLANE membrane in a Premature Infant</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>774X</u>							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.) <u>774X</u>						
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>									
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 <u>Valley Park, Mo.</u>		COUNTY <u>St. Louis</u>		STATE <u>Mo.</u>	
21. I attended the deceased from <u>6-24-57</u> to <u>6-26-57</u> and last saw her alive on <u>6-26-57</u> Death occurred at <u>3:05 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Leif A. Grown M.D.</u>					22b. ADDRESS <u>601 So. Brentwood</u>		22c. DATE SIGNED <u>6-26-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>6-27-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>VALLEY PARK CITY CEM.</u>			23d. LOCATION (City, town, or county) (State) <u>VALLEY PARK, Mo.</u>			
24. FUNERAL DIRECTOR <u>Schradler Funeral Home, Bellevue, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>6-26-57</u>		26. REGISTRAR'S SIGNATURE <u>Herbert B. Dornick MD</u>				

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All other, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

Health
Welfare
Public
Service300
1-56

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 *Richard Bopp*.....

Licensed Embalmer No. *45*

P. O. Address *Bellwin*.....

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.