

FILED SEP 10 1957

STANDARD CERTIFICATE OF DEATH

30370
STATE FILE NUMBER

Registration District No. 317

Primary Registration District No. 547

Registrar's No. 1920

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Hgts.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.		Length of stay in lb 1 day		d. STREET ADDRESS (If outside, give location) 3708 Potomac		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Infant Middle Weatherby Last				4. DATE OF DEATH Month Aug. Day 1, Year 1957			
5. SEX male		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 July 31, 1957	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months 1 Days		IF UNDER 24 HRS. Hours 1 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 country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Lester Weatherby				14. MOTHER'S MAIDEN NAME Darlene Payne			
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 Address Lester Weatherby 3708 Potomac			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Immaturity of lungs - Prematurity -						INTERVAL BETWEEN ONSET AND DEATH 3 days 1 day	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c) 7590			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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.)					
20c. TIME OF INJURY Hour 9:45 A Month, Day, Year a. m. p. m.							
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		COUNTY STATE	
21. I attended the deceased from 7/31/57 to 8/1/57 and last saw her alive on 8/1/57 . Death occurred at 9:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Jackson M.D. (Deceased or title)				22b. ADDRESS 634 W. Grove		22c. DATE SIGNED 8/1/57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 8/2/57		23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
24. FUNERAL DIRECTOR ADDRESS J. L. Ziegenhein & Sons 7027 Gravois				25. DATE RECD. BY LOCAL REG. 8-2-57		26. REGISTRAR'S SIGNATURE Herbert R. Womack M.D.	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Colorer cannot certify to a death due to non-related diseases in Part 1 must be casually related.

Aug. 1, 1927

Westbury

Infant

J

July 31, 1927

Male

White

USA

St. Louis Mo.

Caroline Payne

Westbury

Teacher

Westbury 278 Potomac

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 No embalming, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. B. Weinbaum

Licensed Embalmer No. _____

P. O. Address Port J. Pa.

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.

81253

partial