

FILED OCT 21 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38587

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2492

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis County</u>                                  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis County</u>                 |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Kenneth</u> |  | c. CITY OR TOWN <u>Richmond 4800</u> d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| c. LENGTH OF STAY (In this place) <u>2 HRS - 20 MIN</u>                                 |  | e. STREET ADDRESS (If rural, give location) <u>6420 Clayton Rd.</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>                      |  |   |  |

|   |                               |  |   |   |   |
|---|-------------------------------|--|---|---|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Baby Girl (Mary)</u> b. (Middle) <u>Ducey</u> c. (Last) <u>Ducey</u> |                               |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>10 6 1957</u> |   |   |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>NEVER MARRIED</u> | 8. DATE OF BIRTH <u>10-6-57</u>                           |   | 9. AGE (In years last birthday) <u>2</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> IF UNDER 2 HRS. Hours <u>2</u> Min. <u>0</u> |
| 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 Foreign Country) <u>St. Louis County - U.S.A.</u> |   |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 13a. FATHER'S NAME <u>Stewart E. Ducey</u>                                    |  | 13b. MOTHER'S MAIDEN NAME <u>Dorothy Kennon</u> |  | 14. NAME OF HUSBAND OR WIFE <u>NONE</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NONE</u> |  | 16. SOCIAL SECURITY NO. <u>NONE</u>             |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>STEWART DUCEY, 8721 MAGDALINE</u> |  |

|  |   |  |   |
|--|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Hypoxemia</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>from birth</u> |
|  | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Delivery @ 5 1/2 - 6 ms</u> |  |   |
|  | DUE TO (c) <u>Partial funtion placental Sp</u>  |  |   |
| 11. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Lived 2 hr. 20 min.</u>   |   |  |   |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? <u>2</u><br>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) (Min.) | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK | 21f. HOW DID INJURY OCCUR?                      |

22. I hereby certify that I attended the deceased from 10/6, 1957, to 10-6, 1957, that I last saw the deceased alive on 10-6, 1957, and that death occurred at 9:25 m., from the causes and on the date stated above.

|  |                                      |                                 |
|--|--------------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>C. S. Hamilton, M.D.</u> | 23b. ADDRESS <u>8575 Delmar Road</u> | 23c. DATE SIGNED <u>10/6/57</u> |
|--|--------------------------------------|---------------------------------|

|   |                          |   |   |
|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>10/8/57</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>TAFFERSON BRKS, MO</u> |
|---|--------------------------|---|---|

|   |   |   |
|---|---|---|
| DATE REC'D BY LOCAL REG. <u>10-7-57</u> | REGISTRAR'S SIGNATURE <u>Herbert B. Donahue</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. FITZINGER MORTUARY, KIRKWOOD, MO</u> |
|---|---|---|

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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

*This body was not embalmed*  
*Ben C. Warner*  
Signed .....  
Licensed Embalmer No. *366*  
P. O. Address *Stou Co*

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.