

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 21 1957

41766

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003

10863

S. 300  
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will 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

|  |                                  |   |  |  |   |  |   |       |  |
|--|----------------------------------|---|--|--|---|--|---|-------|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>1</u> |   |  |   |       |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>ST. LOUIS</u>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | c. CITY<br>OR<br>TOWN <u>ST. LOUIS</u>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |       |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <u>Desloge Hosp</u>  |                                  |   | Length of stay in 1b   |  | d. STREET<br>ADDRESS <u>2619 1/2 S. Salisbury</u> (If outside, give location) |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                        |       |  |
| 3. NAME OF DECEASED<br>(Type or print)<br><u>BOGUS BABY GIRL</u><br>First Middle Last  |                                  |   |  | 4. DATE OF DEATH<br><u>11-10-1957</u><br>Month Day Year  |   |  |   |       |  |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>11-9-1957</u>   |  | 9. AGE (In years last birthday)   | IF UNDER 1 YEAR<br>Months Days   | IF UNDER 24 HRS.<br>Hours Min.  |       |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>None</u>   |                                  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>—</u>  |  | 11. BIRTHPLACE (City and state or country)<br><u>ST. LOUIS Mo</u>             |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>  |       |  |
| 13. FATHER'S NAME<br><u>Henry Bogus</u>  |                                  |   |  | 14. MOTHER'S MAIDEN NAME<br><u>Wilma Sanders</u>   |   |  |   |       |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |                                  |   | 16. SOCIAL SECURITY NO.<br><u>none</u>   |  | 17. INFORMANT<br><u>Bettie Sanders</u> Address <u>2031 S. Salisbury</u>       |  |   |       |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Respiratory Failure</u>  |                                  |   |  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH  |       |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |                                  |   | DUE TO (b) <u>Congenital Atelectasis</u>   |  | DUE TO (c) <u>762.5</u>   |  |   |       |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)<br><u>Prematurity (35 wk. Delivery)</u>  |                                  |   |  |  |   |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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.) |  |   |  |   |       |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a. m. p. m.  |                                  |   |  |  |   |  |   |       |  |
| 20d. INJURY OCCURRED<br>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 <u>11/9/57</u> to <u>11/10/57</u> and last saw <u>HER</u> alive on <u>11/10/57</u><br>Death occurred at <u>8:30 PM 8:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |  |   |  |   |       |  |
| 22a. SIGNATURE<br><u>John B. Summers, M.D.</u> (Degree or title)   |                                  |   |  |  | 22b. ADDRESS<br><u>1465 So. Grand</u>   |  | 22c. DATE SIGNED<br><u>11/11/57</u>   |       |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)  |                                  | 23b. DATE   | 23c. NAME OF CEMETERY OR CREMATORY   |  |   | 23d. LOCATION (City, town, or county) (State)  |   |       |  |
| <u>Removal</u>   |                                  | <u>11-15-57</u>   | <u>National Cem</u>  |  |   | <u>Jefferson Bldg Mo</u>   |   |       |  |
| 24. FUNERAL DIRECTOR<br><u>A. Krew</u> ADDRESS <u>2707 N. Grand</u>  |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><u>NOV 14 '57</u>  |  | 26. REGISTRAR'S SIGNATURE<br><u>J. Earl Smith, M.D.</u><br><u>M. J. B.</u>    |  |   |       |  |

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 *Leon E. Percy*.....

Licensed Embalmer No. *409*

P. O. Address *St. Louis*

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.