

FILED NOV 22 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH42137  
STATE FILE NUMBERRegistration District No. 318 Primary Registration District No. 1003 Registrar's No. 8391

|  |  |   |  |   |   |   |                                  |
|--|--|---|--|---|---|---|----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>                |   |   |                                  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>      |  | c. CITY OR TOWN <u>Lemay</u> <u>4870</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                  |
| 3. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>St. John Hospital</u>  |  | Length of stay in lb<br><u>12 hours</u>   |  | 27 STREET ADDRESS (If outside, give location)<br><u>9958 Sadie Avenue</u>   |   | Reside on Form<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                                  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Daniel</u> Middle <u>John</u> Last <u>Irwin</u>   |  |   |  | 4. DATE OF DEATH<br>Month <u>Sept.</u> Day <u>6</u> Year <u>1957</u>  |   |   |                                  |
| 5. SEX<br><u>Male</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>Sept. 6, 1957</u>  |                                  |
| 9. AGE (In years last birthday)  |  | IF UNDER 1 YEAR   |  | IF UNDER 24 HRS.  |   |   |                                  |
|  |  | Months  |  | Days  |   | Hours Min.  |                                  |
|  |  |   |  |   |   | <u>12</u>   |                                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>N11</u>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>N11</u>  |   |   | 11. BIRTHPLACE (City and state or country)<br><u>St. Louis, Missouri</u>              |                                  |
|  |  |   |  |   |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |                                  |
| 13. FATHER'S NAME<br><u>Frank G. Irwin</u>   |  |   |  | 14. MOTHER'S MAIDEN NAME<br><u>Helen Angenend</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>Frank Irwin 9958 Sadie Avenue Lemay, Mo.</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>Prematurity.</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <u>Premature Rupture of</u><br>DUE TO (c) <u>membranes.</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)<br><u>761.5</u> |  |   |  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH |
| 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 _____<br>a. m. _____<br>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>Sept 5, '57</u> , to <u>Sept 6, '57</u> and last saw <u>him</u> alive on <u>9-6-57</u><br>Death occurred at <u>5:00A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.  |  |   |  |   |   |   |                                  |
| 22a. SIGNATURE (Degree or title)<br><u>Richard Muckerman M.D.</u>  |  |   |  | 22b. ADDRESS<br><u>634 N. Iron</u>  |   | 22c. DATE SIGNED<br><u>9-7-57</u>   |                                  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |  | 23b. DATE<br><u>Sept 10, 1957</u>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Calvary Cemetery</u>   |   | 23d. LOCATION (City, town, or county) (State)<br><u>St. Louis, Missouri</u>           |                                  |
| 24. FUNERAL DIRECTOR<br><u>C. Hoffmeister Mortuaries</u><br>ADDRESS<br><u>7814 So. Broadway St. Louis, Mo.</u>   |  |   | 25. DATE RECD. BY LOCAL REG.<br><u>SEP 7 57</u>  |   | 26. REGISTRAR'S SIGNATURE<br><u>J. Earl Smith</u> |   |                                  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 causally related. Coroner cannot certify to a death due to natural causes.

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 .....

Licensed Embalmer No. ....

P. O. Address .....

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.