

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2951-58

2467

State File No.

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3088 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. CHARLES</u>		c. LENGTH OF STAY (in this place township) <u>2 DAYS</u>	c. CITY OR TOWN <u>St. Charles</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HOSPITAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <u>704 Lewis</u>		0920	

3. NAME OF DECEASED a. (First) <u>BESSIE</u> b. (Middle) <u>PAULINE</u> c. (Last) <u>HUNN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 30 1958</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JAN. 28, 1958</u>	9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>2</u> Hours <u>2</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. CHARLES MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>KENNETH R. HUNN</u>		13b. MOTHER'S MAIDEN NAME <u>ELSIE M. FOLA</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NOT</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>KENNETH R. HUNN</u> ADDRESS <u>ST. CHARLES, MO.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Anoxia from Proapsed Umbilical Cord</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Proapsed Umbilical Cord</u>		at birth	
DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>7610</u> (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from January 28, 1958, to January 30, 1958, that I last saw the deceased alive on January 30, 1958, and that death occurred at 6:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>V. H. Schneider, M.D.</u> (Degree or title) <u>Sec. San. Dist. St. Charles, Mo.</u>		23b. ADDRESS <u>207 N. 5th St. Charles, Mo.</u>		23c. DATE SIGNED <u>January 30, 1958</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-30-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OLK GROVE CEM.</u>	
24d. LOCATION (City, town, or county) <u>ST. CHARLES MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B. L. Prinster</u> ADDRESS <u>St. Charles Mo.</u>			
DATE REC'D BY LOCAL REG <u>Jan. 30-58</u>		REGISTRAR'S SIGNATURE <u>Muecke Wilson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B. L. Prinster</u> ADDRESS <u>St. Charles 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

Body not embalmed

Signed *B. L. Penster*

Licensed Embalmer No.....

P. O. Address *St. Charles*

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.