

FILED JAN 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13461-58

3951

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 167

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Hgts</u>		c. CITY OR TOWN <u>St. Louis, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			
e. STREET ADDRESS (If rural, give location) <u>4270 Grand Avenue</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>THERESA</u>	b. (Middle) <u>"B"</u>	c. (Last) <u>MARIN</u>	4. DATE OF DEATH (Month) (Day) (Year)
<u>TWIN GIRL</u>				<u>1 15 1958</u>

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>1-15-58</u>	9. AGE (In years last birthday) <u>NB</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHILD</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>BABY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>OSCAR S. MARIN</u>	13b. MOTHER'S MAIDEN NAME <u>CLARA SIMON</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Oscar Marin</u>	ADDRESS <u>4270 Grand Ave</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Abnormal pulmonary ventilation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>from birth</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prematurity</u>		<u>from birth</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? _____
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22. I hereby certify that I attended the deceased from 1-15, 1958, to 1-15, 1958, that I last saw the deceased alive on 1-15, 1958, and that death occurred at 8:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James P. King</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>14655 Grand Avenue</u>	23c. DATE SIGNED <u>1/16/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>Jan 18 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-18-58</u>	REGISTRAR'S SIGNATURE <u>Berbert R. Donk</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Boyce</u>	ADDRESS <u>6536 Clayton Rd</u>
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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

Signed *Not Embalmed*
A.H. Borking
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.