

FILED MAR 27 1958

STATE FILE NUMBER

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1810

5. 300
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		c. CITY OR TOWN Brentwood 4511	
c. FULL NAME OF HOSPITAL OR INSTITUTION 30 Saint Louis Maternity		d. STREET ADDRESS (If outside, give location) 27 2630 Helen	
3. NAME OF DECEASED (Type or print) First Middle Last Hess			4. DATE OF DEATH Month Day Year February 13 1958
5. SEX "A" Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH February 12 1958
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY --	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. 1 4 30
11. BIRTHPLACE (City and state or country) St Louis Missouri 0		12. CITIZEN OF WHAT COUNTRY? --	
13a. FATHER'S NAME Wilbur Eugene Hess		13b. MOTHER'S MAIDEN NAME Billie Jean Duff	
14. NAME OF HUSBAND OR WIFE --		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. --		17. INFORMANT Billie Jean Hess Address Above	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Respiratory failure + Anoxia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Neonatal atelectasis</i> DUE TO (c) <i>Prematurity</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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.) 762.5	
20c. TIME OF INJURY Hour a.m. p.m. 1		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20d. INJURY OCCURRED 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 February 12 1958, to February 13 1958, and last saw him alive on February 13 1958 Death occurred at 9:05 P M on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Carl R. Wegner, M.D.		22b. ADDRESS St. Louis Maternity Hospital	
22c. DATE SIGNED 2-14-58		23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
23b. DATE 2-17-1958		23c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEM.	
23d. LOCATION (City, town, or county) ST. LOUIS CO. MO.		(State)	
24. FUNERAL DIRECTOR Larker-Aldrich-Hatcher Groves Mo.		25. DATE RECD. BY LOCAL REG. FEB 15 58	
26. REGISTRAR'S SIGNATURE J. Carl Smith - MD			

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 no embalming, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Volusia Grove

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.