Health, Welfare Public Service

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FILED MAR 27 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19391-58 58-011834
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2890

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). a. STATE Missouri b. COUNTY St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis 12 — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN ~~St. Louis 23~~ 4800 — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 32 St. Luke's Hospital — Length of stay in 1b 2hrs. 30min	d. STREET ADDRESS (If outside, give location) 27 6414 Colleen — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Baby Middle Last Kackley		4. DATE OF DEATH Month Day Year March 1, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH March 1, 1958
9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours 2 Min. 30	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) St. Louis 12, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Daniel Clifford Kackley		14. MOTHER'S MAIDEN NAME Dorothy Lee Haus	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. —	17. INFORMANT Address Daniel Clifford Kackley (same as in #2)	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atelectasis, Respiratory and Cardiac failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prematurity

DUE TO (c) Hemorrhage from Partial Premature separation of low implant placenta

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

Prematurity - gestation only 22 weeks

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 761.5

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 March 1, 1958 @ 2:00 AM to March 1, 1958 and last saw her/him alive on 3-1-58 @ 4:30 AM
Death occurred at 4:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William F. McGinnis M.D.	22b. ADDRESS 8230 Forsyth	22c. DATE SIGNED 3-2-58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 3-31-58	23c. NAME OF CEMETERY OR CREMATORY Anatomical Board
23d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
24. FUNERAL DIRECTOR ADDRESS Rowland Mortuary Svc. 4104-06 Manchester	25. DATE RECD. BY LOCAL REG. MAR 12 58	26. REGISTRAR'S SIGNATURE J. Earl Smith MD M.B.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

BIRTH # 5140

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

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. (
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.