

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016245
State File No.

No. 300
10.48

FILED APR 18 1958

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4055

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) St. Louis

c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital

STREET ADDRESS (If rural, give location) 119 4620a St. Louis, 13

3. NAME OF DECEASED (Type or Print)
a. (First) Patrick b. (Middle) Lynn c. (Last) Niblett

4. DATE OF DEATH (Month) (Day) (Year)
4 11 58

5. SEX Male 6. COLOR OR RACE negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH 4-10-58
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 11 WKS. Hours Mins. 7 33

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Edward Sylvester Niblett

13b. MOTHER'S MAIDEN NAME Lillie Mell Stalling

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) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillie Niblett, 4620a St. Louis, 13

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Stenosis
ANTECEDENT CAUSES Pericarditis
Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.
DUE TO (c) 762.5
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 4-10, 1958, to 4-11, 1958, that I last saw the deceased alive on 4-11, 1958, and that death occurred at 2:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Leon E. Egberg M.D.

23b. ADDRESS 634 N. Grand

23c. DATE SIGNED 4-11-58

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 4-14-1958

24c. NAME OF CEMETERY OR CREMATORY Oakdale CEM.

24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE RECD BY LOCAL AG. APR 12 1958

REGISTRAR'S SIGNATURE J. Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Funeral Home 715 S. Jeff

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 No Embalming, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Herman Samuelson

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.