Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI 28188-58

STANDARD CERTIFICATE OF DEATH

58-016266

STATE FILE NUMBER 4898

FILED MAY 14 1958

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

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 27 Homer G. Phillips — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 12 4707A Kensington — Reside on Farm Yes ☐ No ☐
3. NAME OF DECEASED (Type or print) First Middle Last O'Toole	4. DATE OF DEATH Month 4 Day 29 Year 58
5. SEX Fem. 3 — 6. COLOR OR RACE Negro — 7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 4-29-58 — 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min. 42
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 country) St.Louis,Mo. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Samuel O'Toole — 13b. MOTHER'S MAIDEN NAME Louise Ford	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no — 16. SOCIAL SECURITY NO. none	17. INFORMANT Hospital Records — Address 2601 N. Whittier

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) Premature birth, Neonatal death

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

DUE TO (c) 773.5

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) Atelectasis

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.)

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 4-29-58, to 4-29-58 and last saw her alive on 4-29-58

Death occurred at 3:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul J. White, M.D.	22b. ADDRESS 2601 N. Whittier	22c. DATE SIGNED 5-6-58
23a. BURIAL, CREMATION, REMOVAL (Specify) — 23b. DATE May 31-1958	23c. NAME OF CEMETERY OR CREMATORY Anatomical Board	23d. LOCATION (City, town, or county) St. Louis, Mo. (State)
24. FUNERAL DIRECTOR Rowland Mortuary Svc — ADDRESS 4104-06 Manchester	25. DATE RECD. BY LOCAL REG. MAY 8 '58	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 ..... Signed .....

Signature of Student Embalmer

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.