

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI 34479-58
STANDARD CERTIFICATE OF DEATH

58-019700

STATE FILE NUMBER 5827

FILED JUN 11 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5827

S. 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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS, MO. Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ST. INSTITUTION ST. LOUIS CITY HOSP. #1.		Length of stay in lb 25	d. STREET ADDRESS (If outside, give location) 2217 2231 BIDDLE Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First BABY BOY Middle Last FULLER		4. DATE OF DEATH Month MAY 23, Day 1958 Year	
5. SEX MALE 2	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5/23/58 ✓
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Hours Min. 12
11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.		12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOE FULLER		13b. MOTHER'S MAIDEN NAME ILEET PETTIS	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give name or dates of service) no none	
16. SOCIAL SECURITY NO.		17. INFORMANT Address ST. LOUIS CITY HOSP. #1.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory distress & failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) 773.0			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)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 5/23/58 to 5/23/58 and last saw her alive on 5/23/58 Death occurred at 1:A.M on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Herbert Scott Libby M.D.		22b. ADDRESS 1515 LAFAYETTE AVE	
22c. DATE SIGNED 5/23/58		22d. DATE SIGNED 5/23/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) 6-30-58		23b. NAME OF CEMETERY OR CREMATORY Anatomical Board	
23c. LOCATION (City, town, or county) St. Louis, Mo.		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR ADDRESS Rowland Akers 4104 Manchester		25. DATE RECD. BY LOCAL REG. JUN 5 '58	
26. REGISTRAR'S SIGNATURE Earl Smith Mo <i>msg</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

..... 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.