Health, & Welfare Public Service

S. 300
1-57

FILED MAY 19 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34592-58

58-019742
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4776

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 OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Ferguson 4109 — Inside Limits Yes [ ] No [X]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 09 De Paul Hosp. 0 — Length of stay in 1b 10 Days 27	d. STREET ADDRESS (If outside, give location) 815 Ford Av. 0 — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First Middle Last: MARGURITE RAQUEL GUERRA		4. DATE OF DEATH Month 5 Day 3 Year 58	
5. SEX Female 1	6. COLOR OR RACE White	7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] 0 DIVORCED [ ]	8. DATE OF BIRTH 4/23/58
9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days 10	IF UNDER 24 HRS. Hours Min.	
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, Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Flavia J. Guerra	13b. MOTHER'S MAIDEN NAME Patrica K. Horan	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) None	16. SOCIAL SECURITY NO. None	17. INFORMANT Flavia J. Guerra Address 815 Ford Av. Ferg.	

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) Congenital atelectasis — INTERVAL BETWEEN ONSET AND DEATH: Since birth

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

DUE TO (b) Prematurity — " "

DUE TO (c) Mongolism 7625 — " "

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 [X] NO [ ] 1

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 4-23-58, to 5-3-58 and last saw her alive on 5-2-58

Death occurred at 2:00 A.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John B Sutphin, M.D. 0	22b. ADDRESS 111 Church St. Ferguson, Mo.	22c. DATE SIGNED 5-9-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/5/58	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
24. FUNERAL DIRECTOR White-Mullen ADDRESS 118 N. Florissant Rd.	25. DATE RECD. BY LOCAL REG. MAY 5 '58	26. REGISTRAR'S SIGNATURE J Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

BIRTH # 9428

Sent plain

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 J. Mullen

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.