

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026907  
State File No.

FILED JUL 18 1958

1003

BIRTH NO. 42379-38 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. Registrar's No. 5733

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Firmin Desloge Hospital</b>		STREET ADDRESS (If rural, give location) <b>2199 4346 McPherson, 4</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>BABY</b> b. (Middle) <b>BOY</b> c. (Last) <b>DUDLEY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6 - 2 - 58</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>6-1-58</b>
9. AGE (In years last birthday) <b>5</b>		IF UNDER 24 HRS. Hours Mins. <b>20</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Bobby Dean Dudley</b>		13b. MOTHER'S MAIDEN NAME <b>Donna Kay Adams</b>	
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)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Bobby Dudley</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		ADDRESS <b>4346 McPherson Ave.</b>	

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>immaturity</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>poss. intracranial hemorrhage</b>		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>760.5</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1-58, 19  , to 6-2-58, 19  , that I last saw the deceased alive on 6-1-58, 19  , and that death occurred at 12:30a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Daniel Suron M.D.</b>	23b. ADDRESS <b>Firmin Desloge Hosp.</b>	23c. DATE SIGNED <b>6-2-58</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>6-3-58</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Trinity Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>		

DATE REC'D BY LOCAL REG. <b>JUN 2 '58</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>McLaughlin Funeral Home</b>	ADDRESS <b>2301 Lafayette Ave.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

NOT

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.....  
*McLaughlin Funeral Home*  
*201 Edgewood*  
*St. Louis, Mo.*  
*Madison*

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.