

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026924
STATE FILE NUMBER

FILED AUG 7 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7145

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN BRECKENRIDGE HILLS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BETHESDA		Length of stay in lb 1 1/2 HRS	d. STREET ADDRESS 3202 CALVERT AVE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last BABY LAURIE ANN ERLEWINE			4. DATE OF DEATH Month Day Year 7 - 19 - 58	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7 - 19 - 58	
10a. USUAL OCCUPATION (Give kind of work done during most of year, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI	
13a. FATHER'S NAME RALPH ERLEWINE		13b. MOTHER'S MAIDEN NAME BARBARA COLLING	14. NAME OF HUSBAND OR WIFE NONE	

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. NONE	17. INFORMANT RALPH ERLEWINE Address 3202 CALVERT	
--	--	---------------------------------	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) atelectasis			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Immaturity DUE TO (c) Premature labor			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Low placenta 762.5			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 7-19-58 to 7-19-58 and last saw her alive on 7-19-58
Death occurred at 2:55 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. B. Bibeau M.D.	22b. ADDRESS 4660 Mansfield	22c. DATE SIGNED 7-19-58
---	--------------------------------	-----------------------------

23a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL	23b. DATE 7-21-58	23c. NAME OF CEMETERY OR CREMATORY HIRAM PARK	23d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY MO
--	----------------------	--	---

24. FUNERAL DIRECTOR EARL HILLOMAN	ADDRESS 709 LACKLAND RD.	25. DATE RECD. BY LOCAL REG. JUL 21 '58	26. REGISTRAR'S SIGNATURE Carl Smith M.D.
---------------------------------------	-----------------------------	--	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300
1-57

6104

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 *not embalmed* Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Carl M. Williams*

Licensed Embalmer No. *3501*

P. O. Address *Greeland 10800*

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.