

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027071  
State File No. 7092  
Registrar's No.

FILED AUG 1 1958

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Sangamon	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. CITY OR TOWN Springfield 8120	
c. LENGTH OF STAY (In this place) 8 days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 St. Louis Children's Hospital		e. STREET ADDRESS (If rural, give location) 3 1109 North Seventh Street	
3. NAME OF DECEASED (Type or Print) a. (First) Jacqueline b. (Middle) Renee c. (Last) Hunt		4. DATE OF DEATH (Month) (Day) (Year) July 16 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, OR WIDOWED, DIVORCED (Specify) <del>WIDOWED</del>	8. DATE OF BIRTH 3-21-58
9. AGE (In years last birthday) 3	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	11. BIRTHPLACE (City and State or Foreign Country) Springfield, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Frederick W. Hunt	13b. MOTHER'S MAIDEN NAME Juanita Rogers Hunt	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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eusebio A. Jones 500 S. Kingshighway, St. Louis	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cyanotic cong. heart disease (Transposition of great vessels) INTERVAL BETWEEN ONSET AND DEATH 3 2 1/2 mo. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 754.7	
19a. DATE OF OPERATION 7-26-58	19b. MAJOR FINDINGS OF OPERATION Cardiac catheterization - findings above		20. AUTOPSY? 1 YES <input checked="" type="checkbox"/> NO <input 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)	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 7-10-58, 1958, to 7-16, 1958, that I last saw the deceased alive on 7-16, 1958, and that death occurred at 10:00 Am., from the causes and on the date stated above.			
23a. SIGNATURE J. Neal Middleberry (Degree or title) M.D.		23b. ADDRESS (Children's) Hospital	23c. DATE SIGNED 7-16-58
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-16-58	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Springfield, Ill.
DATE REC'D BY LOCAL REG. JUL 17 1958	REGISTRAR'S SIGNATURE J. Neal Middleberry	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	

(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 *Stanley H. Dixon*.....  
Licensed Embalmer No. *419*.....  
P. O. Address *St. P.*.....

**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.