

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027208

STATE FILE NUMBER

7464

51523-58
REGISTRATION DISTRICT NO. 318 PRIMARY REGISTRATION DISTRICT NO. 1003 REGISTRAR'S NO. 7464
FILED AUG 11 1958

S. 300
1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE			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.		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1.			Length of stay in 1b 2057			d. STREET ADDRESS (If outside give location) 5911 ENRIGHT		
3. NAME OF DECEASED (Type or print) First BABY BOY Middle Last Maassen Twin #1			4. DATE OF DEATH Month JULY Day 20 Year 1958					
5. SEX MALE	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 7/18/58	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Hours 2 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) no			10b. KIND OF BUSINESS OR INDUSTRY none			11. BIRTHPLACE (City and state or country) St. Louis, MO		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME WALTER MAASSEN			13b. MOTHER'S MAIDEN NAME Gloria Johnson		
14. NAME OF HUSBAND OR WIFE			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. NONE		
17. INFORMATION 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) _____ DUE TO (b) Prematurity DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH 776X		
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 _____ 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 7/18/58 , to 7/20/58 and last saw her/him alive on 7/20/58 Death occurred at 3:50 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			22a. SIGNATURE Leo V. Mulligan, M.D.			22b. ADDRESS 1515 LAFAYETTE AVE.		
22c. DATE SIGNED 7/21/58			23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE 7-31-58		
23c. NAME OF CEMETERY OR CREMATORY Anatomical Board			23d. LOCATION (City, town, or county) St. Louis, Mo.			(State)		
24. FUNERAL DIRECTOR Rawland Baker 4109 Manchester			25. DATE RECD. BY LOCAL REG. JUL 31 1958			26. REGISTRAR'S SIGNATURE Carl Smith mo		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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.