

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034090

STATE FILE NUMBER
8958

FILED SEP 25 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

5. 300
1-57

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|--|------------------------|--|--|
| 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. | | 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 | | d. STREET ADDRESS (If outside, give location) 1905 CARR | |
| 3. NAME OF DECEASED (Type or print) BABY GIRL | | 4. DATE OF DEATH JUNE 30, 1958 | |
| 5. SEX FEMALE 3 | 6. COLOR OR RACE NEGRO | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 6/30/58 ✓ |
| 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, MO. 0 |
| 13a. FATHER'S NAME RUSSELL | | 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) no no | | 16. SOCIAL SECURITY NO. NONE | |
| 17. INFORMANT 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) NEONATAL DEATH. | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 773.0 | | INTERVAL BETWEEN ONSET AND DEATH | |
| 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 <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 6/30/58 to 6/30/58 and last saw her alive on 6/30/58 Death occurred at 10:15 A.M. on the date stated above; and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE (Degree or title) D. J. Mellyan, M.D. | | 22b. ADDRESS 1515 LAFAYETTE AVE. | |
| 22c. DATE SIGNED 6/30/58. | | 23a. BURIAL, CREMATION, REMOVAL (Specify) | |
| 23b. DATE 9-30-58 | | 23c. NAME OF CEMETERY OR CREMATORY Anatomical Board | |
| 23d. LOCATION (City, town, or country) (State) St. Louis, Mo. | | 24. FUNERAL DIRECTOR Rowland-aker 410 1/2 Mendota | |
| 25. DATE RECD. BY LOCAL REG. SEP 17 '58 | | 26. REGISTRAR'S SIGNATURE Paul Smith MD | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related. No symptoms will be listed.

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.