

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041842
STATE FILE NUMBER

6141-58
FILED DEC 1 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11017

300
-57

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Firmin Desloge Hospital</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>2170 3023 Thomas Street</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Reginald</i> Middle Last <i>Latiker</i>			4. DATE OF DEATH Month <i>11</i> Day <i>16</i> Year <i>58</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>2 Negro</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>11-15-58</i>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. <i>20 35</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>ST. LOUIS, MO</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>Cleveland Latiker</i>		13b. MOTHER'S MAIDEN NAME <i>Ermer Bond</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? <i>No</i> (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Ermer Latiker</i> Address <i>3023 Thomas</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>anoxia</i>					INTERVAL BETWEEN ONSET AND DEATH <i>20 hrs. 35 min.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>atelectasis, congenital</i>					
DUE TO (c) <i>possible hyaline like-membrane disease</i>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>prematurity. 762.5</i>					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 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 <i>11-15-58, 9:45 AM</i> , to <i>11-16-58, 6:20 AM</i> and last saw her alive on <i>11-15-58 at 4 PM</i> Death occurred at <i>11-16-58 at 6:20 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Dr. Daniel Duron M.D.</i>			22b. ADDRESS <i>1325 S. GRAND BLVD.</i>		22c. DATE SIGNED <i>11-16-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>11-17-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Father Dickson</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo</i>
24. FUNERAL DIRECTOR <i>S.J. Watson</i>		ADDRESS <i>2769 Chouteau</i>		25. DATE RECD. BY LOCAL REG. <i>NOV 17 '58</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith MO</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

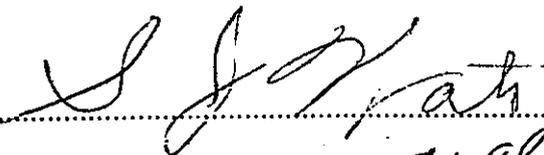
MEDICAL CERTIFICATION

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. 21698
P. O. Address 2769 Clarendon

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.