Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003864
STATE FILE NUMBER

FEB 10 1959 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 209

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN: Richmond Heights — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Mary's Hosp. — Length of stay in 1b: 2 HRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: ST Louis
c. CITY OR TOWN: Florissnat 4001 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 85 Pompano Lane — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: INFANT Middle: Last: HARMANN

4. DATE OF DEATH: Month Jan. Day 20, Year 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Jan. 20, 1959

9. AGE (In years last birthday): IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours 2 / Min.

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): Richmond Heights, Mo

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Kenneth Harmann

13b. MOTHER'S MAIDEN NAME: Virginia Kricho

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT Address: Mr. Kenneth Harmann 85 Pompano La.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bilateral Pulmonary Atalectasis — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Prematurity - 22 weeks gest.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 76.25

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE 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 1/20/59 to 1/20/59 and last saw him alive on 1/20/59
Death occurred at 2:56A m on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE: Roy V. Boedeker (Degree or title): M. D.

22b. ADDRESS: 100 N. Euclid

22c. DATE SIGNED: 1/21/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Jan. 21, 1959

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR: JOHN STYGAR & SON — ADDRESS: 5541 RIVERVIEW BLVD.

25. DATE RECD. BY LOCAL REG.: 1-22-59

26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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. not Embalmed

Student ..... Signed .....

Signature of Student Embalmer

Licensed Embalmer No. 3980

P. O. Address St. Louis, Mo

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.