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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016154
STATE FILE NUMBER

FILED MAY 7 1959 Registration District No. 317 Primary Registration District No. 547 ~~544~~ Registrar's No. 1070

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY:
c. CITY OR TOWN: St.Louis — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1817a Michigan — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Linda Middle: Last: Becker

4. DATE OF DEATH: Month: Apr Day: 19 Year: 1959

5. SEX: Female **6. COLOR OR RACE**: White **7. MARRIED** [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Apr 19 1959

9. AGE (In years last birthday): IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HRS.: Hours: 11 Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): nil
10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Richmond Heights Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Donald Becker
13b. MOTHER'S MAIDEN NAME: Elsie Dobby
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Donald Becker Address: 1817a Michigan

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): Respiratory failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Prematurity, Meningomyelocele,
DUE TO (c): multiple congenital anomalies 751X

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 4-19-59, to 4-19-59 and last saw her ~~him~~ alive on 4-19-59
Death occurred at 8 PM 4-19-59 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert L Korn MD
22b. ADDRESS: 8230 Forsyth
22c. DATE SIGNED: 4-20-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Apr 20, 59
23c. NAME OF CEMETERY OR CREMATORY: Calvary
23d. LOCATION (City, town, or county) (State): St.Louis Mo

24. FUNERAL DIRECTOR ADDRESS: E.J.Schnur 3125 Lafayette
25. DATE RECD. BY LOCAL REG.: 4-20-59
26. REGISTRAR'S SIGNATURE: John C. Murphy, MD

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 .....
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.