

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-019098

STATE FILE NUMBER

2 4576

FILED MAY 22 1959

Registration District No.

Primary Registration District No.

Registrar's No.

300  
-57

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Mascoutah</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis Children's</u>		Length of stay in lb <u>5hrs</u>	d. STREET ADDRESS (If outside, give location) <u>R.R. # 1</u>
3. NAME OF DECEASED (Type or print) First <u>Ronald</u> Middle <u>Carl</u> Last <u>Dent Jr.</u>		4. DATE OF DEATH Month <u>May</u> Day <u>9</u> Year <u>1959</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>male</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 9, 1958</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE (In years) <u>7</u> (with day) <u>7mo</u> (Month) <u>7</u> (Days) <u>4</u> (Hours) <u>15</u> (Min.)
11. BIRTHPLACE (City and state or country) <u>Granite City, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>	
13a. FATHER'S NAME <u>Ronald Carl Dent Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Judy Sexton</u>	
14. NAME OF HUSBAND OR WIFE <u>never married</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give No or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Jane Henrichsen-500 S. Kingshighway</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PASSIVE congestion of Lungs</u> Conditions only DUE TO (b) <u>Fibroelastosis of Endocardium</u> above cause (a) stating the underlying DUE TO (c) <u>754.4</u> living condition.			INTERVAL BETWEEN ONSET AND DEATH
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 <u>Mascoutah</u>		COUNTY <u>Illinois</u>	STATE
21. I attended the deceased from <u>5-9-59</u> to <u>5-9-59</u> and last saw her alive on <u>5-9-59</u> Death occurred at <u>8:10pm</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Richard Spitz (M.D. or title) M.D.</u>		22b. ADDRESS <u>500 S. Kingshighway</u>	22c. DATE SIGNED <u>5-9-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5/12/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Holy Childhood</u>
23d. LOCATION (City, town, or county) <u>Mascoutah</u>		(State) <u>Illinois</u>	
24. FUNERAL DIRECTOR <u>Hubert L. Kautz</u>		ADDRESS <u>Collinsville, Ill.</u>	25. DATE REGD. BY LOCAL REG. <u>MAY 11 1959</u>
26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>		<u>m 7/5</u>	

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 not embalmed, Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Robert P. Kestel .....  
Licensed Embalmer No. 6890 .....  
P. O. Address Collinsville, .....

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.