URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-034674
STATE FILE NUMBER

FILED OCT 13 1959

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2612

AMENDED

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights
Length of stay in 1b: 1 day
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Mary's Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Spanish Lake
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1134 Laredo
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Infant Middle: Timothy Brian Last: Faszold

4. DATE OF DEATH Month: October Day: 1 Year: 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-30-1959
9. AGE (last birthday) IF UNDER 1 YEAR: Months: Days: 1 IF UNDER 24 HR: Hours: 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: USA

13a. FATHER'S NAME: Ronald Faszold
13b. MOTHER'S MAIDEN NAME: Marilyn Kurtz
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: Ronald Faszold, 1134 Laredo Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	RESPIRATORY FAILURE	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	HYALINE MEMBRANE DISEASE	34 hours
DUE TO (c)	AND NEONATAL ATELECTASIS	

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 BIRTH, to DEATH and last saw him alive on 9-30-59
Death occurred at 4:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Eugene H. Eliel (Degree or title) M.D.
22b. ADDRESS 10011 Bellefontaine Rd.
22c. DATE SIGNED 10-2-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Oct. 2, 1959
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Missouri

24. FUNERAL DIRECTOR ADDRESS: Math Hermann & Son, Inc., 2161 E. Fair Av
25. DATE RECD. BY LOCAL REG.: 10-2-59
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by n

or by _____, Student Embalmer No._____

working under my personal supervision.

NOT EMBALMED

Student_____ Signed Math Hermann & Son, Inc.,

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.