SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-023176
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6094

FILED JUL 7 1961

DATE AMENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis
Length of stay in 1b
c. CITY OR TOWN
Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hospital
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1134 Prigge
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Baby Middle Last Smith
4. DATE OF DEATH Month June Day 21 Year 1961

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 6-21-61
9. AGE (last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours 1 Min. 49

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) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Joe Wayne Smith
13b. MOTHER'S MAIDEN NAME Ida Marie Gaebel
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) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Joe Wayne Smith Address 1134 Prigge St. Louis 38

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) Premature Labor
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Atelectasis
DUE TO (c) 762.5
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)

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 her/him alive on 6-21-61
Death occurred at 8:30 A.M. 6/21/61 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Fred Leo M.D. (Degree or title)
22b. ADDRESS 6001 W. Florissant
22c. DATE SIGNED 6/21/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-30-61
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR Cullen & Kelly ADDRESS 7267 Natural Bridge
25. DATE RECD. BY LOCAL REG. JUN 30 1961
26. REGISTRAR'S SIGNATURE Hoard Smith, M.D.

ITEM NO. SHOULD READ INSTEAD OF BY AFFIDAVIT OF DOCUMENT

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 James A. Lammen

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.