

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-034302

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8338 STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 5 Hr. 30 Min.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John, Hosp. 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 University City Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1340 Midland Dr. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Infant Middle Flood Last _____ 4. DATE OF DEATH Month 9 Day 6 Year 61

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 9-6-61 9. AGE (last birthday) IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours 5 Min. 30

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 USA

13a. FATHER'S NAME Frank Flood 13b. MOTHER'S MAIDEN NAME Mary Ann Sharp 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT Frank Flood University City, Mo Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) anoxia INTERVAL BETWEEN ONSET AND DEATH 5 hrs.
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) congenital bilateral atelectasis
 DUE TO (c) prematurity - 762.5

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 _____ Month _____ Day _____ Year _____
 a.m. _____ p.m. _____

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 3: PM to 4:50 PM and last saw ^{her}him alive on 9/6/61
 Death occurred at 4:50 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. K. Hammiton M.D. 22b. ADDRESS 355 N. Central St. Clayton, Mo. 22c. DATE SIGNED 9/7/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 9-7-61 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) St. Louis, Missouri

24. FUNERAL DIRECTOR White-Mullen 118 N. Florissant Rd. Ferguson. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. SEP 7 1961 26. REGISTRAR'S SIGNATURE Paul Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

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 me,
or by No Embalming, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed White Muller
Smullen
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.