

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016940

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4093 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED** APR 25 1962

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. CITY OR TOWN Creve Coeur Inside Limits Yes  No   
 b. STREET ADDRESS (If outside, give location) 51 Driftwood Lane Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
Infant #1 Kekeisen

4. DATE OF DEATH Month Day Year  
April 17 1962

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 4-17-62 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min. 11 9

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, Mo. 12. CITIZEN OF WHAT COUNTRY United States

13a. FATHER'S NAME James Raymond Kekeisen 13b. MOTHER'S MAIDEN NAME Natalie Gladney 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 Address Natalie Kekeisen, 51 Driftwood Lane

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Prematurity  
 DUE TO (b) Premature Birth  
 DUE TO (c) Twin Pregnancy 776x  
 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 12:15 pm 4-17-62 to 11:24 pm 4-17-62 and last saw her <sup>her</sup> <sub>1962</sub> alive on April 17, 1962  
 Death occurred at 11:24 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deedee or title) R. Michael G. M.D. 22b. ADDRESS 630 SOUTH KINGSHIGHWAY CITY 10 MO 22c. DATE SIGNED 4-18-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4-19-62 23c. NAME OF CEMETERY OR CREMATORY Calvary 23d. LOCATION (City, town, or county) (State) St. Louis Mo

24. FUNERAL DIRECTOR White-Muller Mortuary ADDRESS St. Louis Mo 25. DATE RECD. BY LOCAL REG. APR 19 1962 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

VS 300 Rev. 4/59

1

240193

3

4 1

5 0

6

7 0

8 2

9

10

11

12 79-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

79

**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.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed *L. M. White*

Licensed Embalmer No. 3973

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.