MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-025515

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

FILED JUL 3 1962

Registration District No. 547 Primary Registration District No. 547 Registrar's No. 1926

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 4005
2 4013
3 2
4 1
5 0
6
7 0
8 2
9 761.5
10
11
12 46-0
13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St. Louis.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Richmond Heights, Mo. — Length of stay in 1b: 5 HRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Mary's Hospital — Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri COUNTY: St. Louis.
c. CITY OR TOWN: Florissant — Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location): 365 St. Eugene — Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First: Infant — Middle: — Last: Kling

4. DATE OF DEATH: Month: June Day: 28, Year: 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married XX Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6/28/1962
9. AGE (last birthday): IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours 5 / 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: U.S.A.

13a. FATHER'S NAME: Richard Kling
13b. MOTHER'S MAIDEN NAME: Mary Shuttleworth
14. NAME OF HUSBAND OR WIFE: Nil.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): Nil.
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Richard Kling, Address: 365 St. Eugene, Florissant, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Immaturity - 5 Months Gestation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Septicemia
DUE TO (c): Post appendicitis of Mother
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

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO XX
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 6/28/62, to 6/28/62 and last saw her alive on 6/28/62
Death occurred at 5:20 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] Jr. MD
22b. ADDRESS: 950 Frances Pl. Clayton 5 Mo.
22c. DATE SIGNED: 6/29/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 6-30-62
23c. NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery
23d. LOCATION (City, town, or county) (State): Mount Carmel, Illinois.

24. FUNERAL DIRECTOR — ADDRESS: Albert H. Hoppe Inc., 4700 Washington, Blvd.
25. DATE RECD. BY LOCAL REG.: 6-29-62
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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_____

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.