MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-032270

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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79

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8563 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY FILED SEP 10 1962

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis, Missouri — Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Maternity — 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 Overland — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 1804 Korando Avenue — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Richard Middle L. Last Bennett

4. DATE OF DEATH Month 9 Day 3 Year 1962

5. SEX male

6. COLOR OR RACE white

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 9-2-1962

9. AGE (last birthday) IF UNDER 1 YEAR Months Days Hours 17 Min. 35

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) St.Louis, Missouri

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Billie NMN Bennett

13b. MOTHER'S MAIDEN NAME Sharron Jean Kennedy

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.

17. INFORMANT Shaaron Jean Bennett Address 1804 Korando Ave.

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) ATELECTASIS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) PREMATURITY

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 5:50 PM 9-2-1962, to 9-3-62 and last saw her/him alive on 9/3/62

Death occurred at 11:30AM 9-3-1962 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. O. Vermillion, M.D. (Degree or title)

22b. ADDRESS 600 S.Kingshighway

22c. DATE SIGNED 9/4/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE Sept.5,1962

23c. NAME OF CEMETERY OR CREMATORY Laurel Hills

23d. LOCATION (City, town, or county) St.Louis County, (State) Mo.

24. FUNERAL DIRECTOR ADDRESS Kriegshauser-9450 Olive Str. Rd.

25. DATE RECD. BY LOCAL REG. SEP 4 1962

26. REGISTRAR'S SIGNATURE Hoard Smith, M.D.

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_____ Signed Edwin D McDermott

Signature of Student Embalmer

Licensed Embalmer No. 3024

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.