MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048257

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12502 STATE FILE NUMBER

FILED JAN 10 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1. PLACE OF DEATH a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS MO. — Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1 — Inside Limits Yes ☐ No ☐

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

c. CITY OR TOWN ST. Louis — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1439 So. Vandeventer — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: BABY GIRL Middle: Last: CRIDER

4. DATE OF DEATH Month: 12 Day: 27 Year: 62

5. SEX F

6. COLOR OR RACE W

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 12/27/62

9. AGE (last birthday) — IF UNDER 1 YEAR: Months / Days 1 — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

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

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME ?

13b. MOTHER'S MAIDEN NAME Jeannine Bean

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 Helen Bean Address 4133 A Lafayette

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) IMMATURITY

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CONGENITAL ATELACTASIS

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 12-27-62, to 12-27-62 and last saw her/him alive on 12-27-62

Death occurred at 8:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Chihatoon M.D.

22b. ADDRESS 1515 KAFAYETTE AVE.

22c. DATE SIGNED 12-27-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE 12/28/62

23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cem.

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

24. FUNERAL DIRECTOR ADDRESS Rowland-Ogden, 4106 Mandeston,

25. DATE RECD. BY LOCAL REG. DEC 28 1962

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

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2			2/19/
4	1		
5	0		
7	0		
8	2		
12	75.0		
13	75		

BY AFFIDAVIT OF DOCUMENT

KATHOON

USE BLACK INK OR TYPEWRITER RIBBON

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 Phillip A. Ogden

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.