

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004110

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1020 STATE FILE NUMBER

FILED FEB 8 1963

1. PLACE OF DEATH
 a. COUNTY _____
 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 SOULSBURY Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 7100 Roslyn Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Shy
 4. DATE OF DEATH Month Day Year 1 16 1963
 5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 1-16-1963 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min. 1 35

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, Missouri 12. CITIZEN OF WHAT COUNTRY _____
 13a. FATHER'S NAME Larry Jay Shy 13b. MOTHER'S MAIDEN NAME Nancee Marlene Landendecker 14. NAME OF HUSBAND OR WIFE _____
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of _____) 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Address Nancee Marlene Shy 7100 Roslyn, St. Louis 20

18. CAUSE OF DEATH (Enter only one cause per 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 & immaturity
 DUE TO (c) Premature rupture of membranes
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 761.5
 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 4:10 AM, 1-16-1963 to 5:45 AM, 1-16-63 and last saw her/him alive on 1-16-1963
 Death occurred at 5:45 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A. J. Coulough M.D. 22b. ADDRESS 457 N. Kingshighway, St. Louis, Mo 22c. DATE SIGNED 1-22-63

23a. BURIAL, CREMATION, REMOVAL (Specify) 1-31-63 23b. DATE 1-31-63 23c. NAME OF CEMETERY OR CREMATORY Anatomical Board 23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS Rowland Mortuary Svc. 4104-06 Manchester 25. DATE RECD. BY LOCAL REG. JAN 31 1963 26. REGISTRAR'S SIGNATURE Roan Smith, M.D.

VS 300 Rev. 4/59
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 _____, 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.