

10-300  
10-48

FILED OCT 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32096

State File No. ....

BIRTH NO. 62566-50 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 2269

1. PLACE OF DEATH a. COUNTY <u>St. L. County</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICHMOND HGTS.</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LAMMERT 4070</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary Hosp.</u>			d. STREET ADDRESS (If rural, give location) <u>4632 WHITEFIELD LANE</u>		

3. NAME OF DECEASED (Type or Print) <u>Baby Straughan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 22, 1950</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>( )</u>	8. DATE OF BIRTH <u>Sept. 22, 1950</u>	9. AGE (In years last birthday) <u>1 1/2 hr</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>Melvin Straughan</u>		13b. MOTHER'S MAIDEN NAME <u>Bernadine Probst</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Melvin Straughan</u> ADDRESS <u>4632 Whitefield Lane</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MULTIPLE CONGENITAL ANOMALIES</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>PREMATURITY</u>					INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from BIRTH 9-22, 1950, to DEATH 9-22, 1950, that I last saw the deceased alive on 9-22, 1950, and that death occurred at 8:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Erwin T. Huber</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Mo. Chester 3300</u>		23c. DATE SIGNED <u>9-23-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9/23/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		
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DATE REC'D BY LOCAL REG. <u>9-23-50</u>	REGISTRAR'S SIGNATURE <u>H.R. Donke, MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.D. Brumback</u> ADDRESS <u>4946</u>			
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

*No embalming*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
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 this body is not embalmed, fact should be so stated above.