

FILED OCT 19 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

35789

State File No.

BIRTH NO. 77404-19 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4133

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>MSU</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rich 145 Mo</u>	c. LENGTH OF STAY (in this place) <u>9</u>	5. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis Mo</u>	6. STREET ADDRESS (If rural, give location) <u>4144 Botanical Av</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary - Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BABY</u> b. (Middle) <u>GIRL</u> c. (Last) <u>DMYTRYK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 11 - 1949</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>U</u>	8. DATE OF BIRTH <u>Oct 10 - 1949</u>	9. AGE (in years last birthday) <u>15</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u>	IF UNDER 18 HRS. Hours <u>15</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Richmond 145 Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Dr G Dmytryk</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF MARRIAGE OR WIFE <u>Ann Dmytryk</u>			
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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)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ann Dmytryk</u> ADDRESS			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Pericardial Section</u> DUE TO (c) <u>Central Placenta Previo</u>				16/15	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1:5</u>							

19a. DATE OF OPERATION <u>10-10-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>28 weeks gestation Pericardial Placentation</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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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?			
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22. I hereby certify that I attended the deceased from 10-10, 1949, to 10-11, 1949, that I last saw the deceased alive on 10-10, 1949, and that death occurred at 8:30 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas Mier</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>4500 Olive</u>		23c. DATE SIGNED <u>10-11-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Home</u>	24b. DATE <u>Oct 13 - 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis County</u>		
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DATE RECD BY LOCAL REGISTRAR'S SIGNATURE <u>OCT 12 1949</u> <u>Herbert R. Womack, M.D.</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Walter L. Goolsby</u>		ADDRESS <u>6536 Clayton Rd</u>		
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(Licensed Embalmer's Statement on Reverse Side)

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

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8
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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
Student Embalmer

Signed Not Embalmed
Licensed Embalmer No. Art Boullogh

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.