No. 300
10-48

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

FILED SEP 20 1949
60289-49

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31674

BIRTH NO. # ~~101213~~ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No. 7842

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: No
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 3525 No 22d St.

3. NAME OF DECEASED (Type or Print) a. (First): Baby Girl Click b. (Middle) c. (Last)
4. DATE OF DEATH (Month) (Day) (Year): Sept. 9th, 1949
5. SEX: Female
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Sept. 9-49
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. 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 (State or foreign country): St. Louis
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME: Raymond Click
13b. MOTHER'S MAIDEN NAME: Laura Rulo
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 service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS:

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

776X

22. *I hereby certify that I attended the deceased from* 9-9-49, 19__, *to* 9-9-49, 19__, *that I last saw the deceased alive on* 9-9-49, 19__, *and that death occurred at* 10-25 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: S W Burroughs, MD (Degree or title)
23b. ADDRESS: 1515 Lafayette Avenue
23c. DATE SIGNED: 9-10-49

24a. BURIAL, CREMATION, REMOVAL (Specify):
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem.
24d. LOCATION (City, town, or county) (State): Normandy Mo

DATE REC'D BY LOCAL REG.: SEP 10 1949
REGISTRAR'S SIGNATURE: H Hasaler
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Shoe Kurtis 2906 Gravois

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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