

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

42727
 State File No. 10771
 Registrar's No.

FILED DEC 27 1949
 83943-49

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place township) few hours		c. CITY (If outside corporate limits, write RURAL and give township) 441 OR TOWN East St. Louis		d. STREET ADDRESS (If rural, give location) 11/0n/ 1765 Wilford Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary				d. STREET ADDRESS (If rural, give location) 11/0n/ 1765 Wilford Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Baby		b. (Middle) McGaughy		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) Dec. 13 1949	
5. SEX Female		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Dec. 12 1949	
9. AGE (In years last birthday) 0		10. MONTHS 0		11. DAYS 6		12. HOURS 30	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY infant		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZENRY OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Devord McGaughy		13b. MOTHER'S MAIDEN NAME Florsteane Williams		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME X D. D. McGaughy ADDRESS 1765 Wilford			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity - 28 weeks gestation 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 109			
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? 79LX			
22. I hereby certify that I attended the deceased from Dec 12, 1949 , to Dec 13, 1949 , that I last saw the deceased alive on Dec 13, 1949 , and that death occurred at S. A. M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. J. S. S. S.				23b. ADDRESS 360 A. So. 15th St.		23c. DATE SIGNED 12-14-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12- -49		24c. NAME OF CEMETERY OR CREMATORY Booker Washington		24d. LOCATION (City, town, or county) (State) E. St. Louis, Illinois	
DATE REC'D BY LOCAL HEALTH DEPT. DEC 14 1949		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE C. J. S. S.		ADDRESS 3847 Page	

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 _____

Student Embalmer No. 286

working under my personal supervision.

Student Alorence Crooks
Student Embalmer

Signed

L. J. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Poyer

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.