

FILED MAR 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6586

318

1008

State File No. 1934

BIRTH NO. 11372-50 REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis 212<sup>9</sup></b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>12-5521 Waterman</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Booth Memorial Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Baby</b>	b. (Middle) <b>Liel</b>	c. (Last) <b>Pailey</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Febr. 10 1950</b>
5. SEX <b>Female</b>	6. COLOR OF RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>(Specify)</b>	8. DATE OF BIRTH <b>Febr. 10, 1950</b>
9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 12 HRS. Hours Min. <b>25</b>
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) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>0</b>
13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME <b>Norma Jane Pailey</b>	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 <b>Norma Jane Pailey (Mother) 5521 Waterman St. Mo.</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Asphyxia pallida</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Anoxia</b> DUE TO (c) <b>Laryngeal Spasm &amp; Aspiration of vomitus with Anesthesia in mother.</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>25 min</b>
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 <b>2-10, 1950</b> , to <b>2-10, 1950</b> , that I last saw the deceased alive on <b>2-10, 1950</b> , and that death occurred at <b>3:45 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Arthur J. Meagher</b> (Degree or title)	23b. ADDRESS <b>3740 Marine Ave</b>	23c. DATE SIGNED <b>2-10-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>FEB 28 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Vault</b>	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <b>FEB 28 1950</b>	REGISTRAR'S SIGNATURE <b>J B Fasator</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Rowland Victoria Services Inc.</b> <b>4104 Manchester Ave. St. Louis 10, Mo.</b>	

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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.....

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.**