

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21477
5239

BIRTH NO. 30347-50 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 <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>ST. LOUIS, MO</u> TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>St. Louis</u> TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>ST. LOUIS CITY HOSPITAL #1</u>		d. STREET ADDRESS (If rural, give location) <u>4021 W. Pine</u>	

3. NAME OF DECEASED (Type or Print) <u>BABY GIRL DOUGLAS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 24TH 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>single</u>	8. DATE OF BIRTH <u>5 May 23rd, 1950</u>	9. AGE (In years last birthday)	# UNDER 1 YEAR	# UNDER 10 MIN.
				Months	Days	Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>nil</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis City Hospital #1.</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Den Douglas</u>	13b. MOTHER'S MAIDEN NAME <u>Ruth McLuskey</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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>M. Renard, St. Louis City Hospital #1.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature birth - neonatal death</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 day</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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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)
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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? <u>776X</u>
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22. I hereby certify that I attended the deceased from 5/23/50, 1950, to 5/24/50, 1950, that I last saw the deceased alive on _____, 1950, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>P. H. Pedersen</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1515 LAFAYETTE AVE.</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>1</u>	24b. DATE <u>JUN 15 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Paul J. Sargent</u>	REGISTRAR'S SIGNATURE <u>J. B. Slaughter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service Inc.</u>	ADDRESS <u>4104 Manchester Ave. St. Louis 10, Mo.</u>
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed _____

Student Embalmer

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.