

FILED JUL 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25351**
5976

BIRTH NO. **45851-50** 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 Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) E. St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary		d. STREET ADDRESS (If rural, give location) 1720 1/2 McCasland	

3. NAME OF DECEASED (Type or Print) Infant			4. DATE OF DEATH (Month) (Day) (Year) July 9, 1950		
5. SEX Female			6. COLOR OR RACE Negro		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single			8. DATE OF BIRTH July 8, 1950		
9. AGE (In years last birthday) 0			10. MONTHS 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10b. KIND OF BUSINESS OR INDUSTRY none		
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Ernest Towns		13b. MOTHER'S MAIDEN NAME Henrietta Pittman		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME X Gusten W. W. 1720 1/2 McCasland	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Birth ANTECEDENT CAUSES Unknown DUE TO (b) DUE TO (c)		MEDICAL CERTIFICATION Premature Birth INTERVAL BETWEEN ONSET AND DEATH 1/2 day	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 776X	

22. I hereby certify that I attended the deceased from **July 8, 1950** to **July 9, 1950**, that I last saw the deceased alive on _____, 19____, and that death occurred at **6:40 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE William T. Gueno M.D.		23b. ADDRESS 1228 Pigott E. St. Louis		23c. DATE SIGNED 7/10/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-11-50		24c. NAME OF CEMETERY OR CREMATORY Booker Washington	
24d. LOCATION (City, town, or county) (State) E. St. Louis, Illinois		25. FUNERAL DIRECTOR'S SIGNATURE E. J. Nash			
DATE REC'D BY LOCAL REG. JUL 11 1950		REGISTRAR'S SIGNATURE J. B. Laster		ADDRESS 3847 Page Blvd.	

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 _____

C. J. Noah

Signed.....

Student Embalmer

Licensed Embalmer No. 2432

P. O. Address 3847 Page

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.