No. 300
10.48

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

FILED AUG 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28071

#102228

BIRTH NO. 52191-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7153

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 #1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis 2269
d. STREET ADDRESS (If rural, give location) 917 Destrahan 0

3. NAME OF DECEASED (Type or Print)
a. (First) ~~BABY~~
b. (Middle) Infant
c. (Last) CANANIA

4. DATE OF DEATH (Month) (Day) (Year) August 6th, 1950

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Newborn 0
8. DATE OF BIRTH August 6,1950
9. AGE (In years last birthday) | IF UNDER 1 YEAR Months Days | IF UNDER 1 HR. Hours 7 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St.Louis City Hospital 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Tony Canania
13b. MOTHER'S MAIDEN NAME Ann Nagel
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 M.Renard **ADDRESS** St.Louis City Hospital #1.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity 0

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* 8/6/50, 19__, *to* 8/6/50, 19__, *that I last saw the deceased alive on* 8/6/50, 19__, *and that death occurred at* 5:50pm m., *from the causes and on the date stated above.*

23a. SIGNATURE L W Burroughs, M.D. 0 (Degree or title)
23b. ADDRESS 1515 Lafayette Ave.,
23c. DATE SIGNED 8/7/50

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE AUG 23 1950
24c. NAME OF CEMETERY OR CREMATORY Anatomical Board
24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. AUG 23 1950
REGISTRAR'S SIGNATURE J. B. Taratos
25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc.
ADDRESS 4104 Manchester Ave. St. Louis 10, Mo.

(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.....

.....,

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.