

FILED OCT 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34942**
Registrar's No. **8813**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2257	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 1730 Washington	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1730 Washington		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) Baby Infant		4. DATE OF DEATH (Month) (Day) (Year) 9 25 50	
5. SEX Male		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	
6. COLOR OR RACE White		8. DATE OF BIRTH 1950	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		11. BIRTHPLACE (State or foreign country) Mo	
10b. KIND OF BUSINESS OR INDUSTRY None		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME W. R.		14. NAME OF HUSBAND OR WIFE W. R.	
13b. MOTHER'S MAIDEN NAME W. R.		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, list of years) (If yes, give year or dates of service) W. R.		16. SOCIAL SECURITY NO. W. R.	
17. INFORMANT'S SIGNATURE OR NAME J. O. Taylor		17. INFORMANT'S SIGNATURE OR NAME (ADDRESS) 1300 Park	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Renaturity	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION W. R. M. a	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. AUTOPSY?	
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) 776X		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, _____, from the causes and on the date stated above.			
23a. SIGNATURE J. B. Parson		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 10/13/50		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) 6 OCT 18 1950		24b. DATE 6 OCT 18 1950	
24c. NAME OF CEMETERY OR CREMATORY Anatomical Board		24d. LOCATION (City, town, or county) (State) St. Louis 10	
DATE REC'D BY LOCAL REG. J. B. Parson		REGISTRAR'S SIGNATURE J. B. Parson	
25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc	

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

1572
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OCT 18 1950

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.