

FILED JAN 18 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH43780
State File No. 10504

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1002		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission) a. STATE MISSOURI b. COUNTY St. Louis					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RICHMOND HEIGHTS 4495		d. STREET ADDRESS (If rural, give location) 1175 CLAYTONIA TR.			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John Hosp.				3. NAME OF DECEASED a. (First) INFANT b. (Middle) RABBITT c. (Last)					
4. DATE OF DEATH (Month) (Day) (Year) 12-6-50		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11			
8. DATE OF BIRTH 12-6-50		9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) St. Louis Mo.			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME THOMAS F. RABBITT		13b. MOTHER'S MAIDEN NAME JEAN A. SMELCINA		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 THOMAS A. RABBITT 1175 CLAYTONIA					
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) Prematurity Gestation 5 1/2 mos ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature separation of placenta 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 <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) (Min.)			
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 Dec 6, 1950, to Dec 6, 1950, that I last saw the deceased alive on Dec 6, 1950, and that death occurred at 8:00 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Walter W. ...		(Degree or title) ...		23b. ADDRESS 604 No Grand		23c. DATE SIGNED 12/9/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-11-50		24c. NAME OF CEMETERY OR CREMATORY CALVARY		24d. LOCATION (City, town, or county) (State) St. Louis Mo.			
DATE REC'D BY LOCAL REG. 1950 9		REGISTRAR'S SIGNATURE M. J. ...		FUNERAL DIRECTOR'S SIGNATURE M. J. ...		ADDRESS 7146 Manchester			

(Licensed Embalmer's Statement on Reverse Side)

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.....
Student Embalmer

Signed

J. Allen Davis Jr.

Licensed Embalmer No. *4053*

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.