

FILED MAR 8 1951

STANDARD CERTIFICATE OF DEATH

State File No. **43972**
Registrar's No. **28578**

BIRTH NO. **77920-50** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063**

4002
CO

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

50

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY St. Louis Co.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SOUTH KINLOCH	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 922 WINTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co. Hospital			

3. NAME OF DECEASED (Type or Print) BABY GIRL			4. DATE OF DEATH (Month) (Day) (Year) Nov 23 1950		
a. (First)	b. (Middle)	c. (Last)	5. SEX F 3	6. COLOR OR RACE C	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE 0
8. DATE OF BIRTH 11-23-50	9. AGE (In years last birthday) 30	IF UNDER 1 YEAR Months	IF UNDER 1 MIN. Hours	10. 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) CLAYTON, MO	12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME AMY TAYLOR	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME St. Louis Co. Hospital Record ADDRESS CLAYTON

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 30 minutes
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis, congenital	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (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.	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 checked="" 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?

22. I hereby certify that I attended the deceased from **11-23-1950**, to **11-23-1950** that I last saw the deceased alive on **11-23-1950**, and that death occurred at **4:52 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert L. Puffer M.D.	23b. ADDRESS 6015 BRENTWOOD, CLAYTON	23c. DATE SIGNED 11-24-50
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE 2-21-51	24c. NAME OF CEMETERY OR CREMATORY ST. LOUIS CREMATORY
24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO	DATE REC'D BY LOCAL REG. 11/27/50	REGISTRAR'S SIGNATURE Herbert R. Donker M.D.
25. FUNERAL DIRECTOR'S SIGNATURE St. Louis County Hospital	ADDRESS CLAYTON, MO	

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.