

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **2539**
 Registrar's No. **312**

FILED JAN 26 1951

BIRTH NO. **4184-51** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **11002**

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

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS c. LENGTH OF STAY (in this place) 1 DAY d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S INFIRMARY			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI b. COUNTY 6100 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS KENNEDY 8 d. STREET ADDRESS (If rural, give location) 1035 Bissett ST. MARY'S INFIRMARY		
3. NAME OF DECEASED (Type or Print) Bobby Infant a. (First) Bobby b. (Middle) Infant c. (Last) GARY			4. DATE OF DEATH (Month) (Day) (Year) JAN 9 1950		
5. SEX 3 Female		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE 0	
8. DATE OF BIRTH JAN 8, 1951			9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 6 HRS. 16 3		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A			13a. FATHER'S NAME BRIT GARY		
13b. MOTHER'S MAIDEN NAME MINNIE LEE COOPER			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) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME BRIT GARY	
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) Prematurity 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 16 hours
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? 776 X.	
22. I hereby certify that I attended the deceased from <u>JAN 8, 1951</u> , to <u>JAN 9, 1951</u> , that I last saw the deceased alive on <u>JAN 9, 1951</u> , and that death occurred at <u>4 PM</u> m., from the causes and on the date stated above.					
23. SIGNATURE (Degree or title) Carlton A. Hancock MD			23b. ADDRESS 360 A So. 15th St.		23c. DATE SIGNED Jan 11 1951
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 5		24b. DATE JAN 12, 1951		24c. NAME OF CEMETERY OR CREMATORY EAST ST. LOUIS ILLINOIS	
24d. LOCATION (City, town, or county) (State) EAST ST. LOUIS ILLINOIS		25. FUNERAL DIRECTOR'S SIGNATURE J. L. Marshall ADDRESS EAST ST. LOUIS, ILL.			
DATE REC'D BY LOCAL REG. JAN 12 1951		REGISTRAR'S SIGNATURE J. B. Lassiter		25. FUNERAL DIRECTOR'S SIGNATURE J. L. Marshall ADDRESS EAST ST. LOUIS, ILL.	

NOT EMBALMED

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 *Thomas M. Rabson*

Licensed Embalmer No. *4479*

P. O. Address *St Louis, Mo*

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.