

FILED APR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10997**BIRTH NO. **19760-51** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3069** Registrar's No. **718**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location) 5573 St. Edwards 1	

3. NAME OF DECEASED (Type or Print) a. (First) Baby b. (Middle) c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) March 19, 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH March 19, 1951		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 6 50		10. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		11. BIRTHPLACE (State or foreign country) Richmond Heights, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Walter Smith		13b. MOTHER'S MAIDEN NAME Virginia Winters		14. NAME OF HUSBAND OR WIFE None	
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 ADDRESS Walter Smith, 5573 St. Edwards	

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 (2 months)		INTERVAL BETWEEN ONSET AND DEATH 5 hrs 50 min	
ANTECEDENT CAUSES Morbidity 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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 774x		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) A		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 <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 **March 19, 1951**, to **March 19, 1951**, that I last saw the deceased alive on **March 19, 1951**, and that death occurred at **9 A** m., from the causes and on the date stated above.

23a. SIGNATURE C. E. Sterling MD. (Degree or title)		23b. ADDRESS 2450 North 4 South Rd, St Louis 14 Mo		23c. DATE SIGNED 3-19-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-19-51		24c. NAME OF CEMETERY OR CREMATORY Newburg, Mo.	
DATE REC'D BY LOCAL REG. 3/19/51		REGISTRAR'S SIGNATURE Albert H. Hoppe		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed E. R. Pennington

Licensed Embalmer No. 42,83

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.