

FILED APR 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11091

State File No.

BIRTH NO. 34547-51 REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076 Registrar's No. 836

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Normandy</u>		c. LENGTH OF STAY (in this place) <u>19 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy Steopathic Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>2239</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JANICE</u> b. (Middle) <u>ALANE</u> c. (Last) <u>HALL</u>		d. STREET ADDRESS (If rural, give location) <u>1802 Lafayette Ave.,</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>3 30 1951</u>	5. SEX <u>female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u>
8. DATE OF BIRTH <u>3-11-51</u>	9. AGE (In years last birthday) <u>19 days</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Corbett Merideth Hall Jr</u>		13b. MOTHER'S MAIDEN NAME <u>Carolyn Dolores Augustin</u>	
14. NAME OF HUSBAND OR WIFE <u>--</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	
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) <u>in sufficient development</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>prematurity</u> 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 <u>776X</u>	
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)		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 <u>Mar 11</u> , 19 <u>51</u> , to <u>Mar 30</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3/30</u> , 19 <u>51</u> , and that death occurred at <u>10:5</u> A. M., from the causes and on the date stated above.	
23a. SIGNATURE <u>A. Merideth</u> (Degree or title) <u>Do.</u>		23b. ADDRESS <u>1800 A Lafayette Ave</u>	
23c. DATE SIGNED <u>3/30/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>3-31-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Pickers Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Math Hermenn & Son, Inc. 2161 E. Fair Ave.</u>	
DATE REC'D BY LOCAL REG. <u>3/31/51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Tomke</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10
48

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 _____

Student Embalmer No. _____

working under my personal supervision.

NOT EMBALMED

Student
Student Embalmer

Signed _____

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.