

FILED MAY 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 14170
Registrar's No. 2820

BIRTH NO. 24692-51		REG. DIST. NO. 328		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2820							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY 4891					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 2 hours		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Co. Berkely		d. STREET ADDRESS (If rural, give location) 6042 Eaton Dr.							
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital													
3. NAME OF DECEASED (Type or Print) a. (First) INFANT			b. (Middle) HAMPTON			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 3-26-51				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH 3-26-51		9. AGE (In years last birthday) 0		IF UNDER 1 YEAR 0 Months	IF UNDER 1 YEAR 0 Days	IF UNDER 1 HRS. 0 Hours	IF UNDER 1 HRS. 2 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME Paul E. Hampton				13b. MOTHER'S MAIDEN NAME Mary Ann Signaigo				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 ADDRESS Paul E. Hampton 6042 Eaton Dr.							
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) <u>Atelectasis Congenital</u> ANTECEDENT CAUSES DUE TO (b) <u>Anoxemia (intra-uterine)</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Premature Separation of Placenta</u> 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 7625								20. AUTOPSY? YES <input 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) (Minute) 11:15 am		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?								
22. I hereby certify that I attended the deceased from 3-26, 1951, to 3-26, 1951, that I last saw the deceased alive on 3-26, 1951, and that death occurred at 6:40 a.m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Joseph A. Clark Jr. M.D.				23b. ADDRESS 4952 Maryland				23c. DATE SIGNED 3/26/51					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 27, 1951		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis, Mo.						
DATE REC'D BY LOCAL REG. MAR 26 1951		REGISTRAR'S SIGNATURE J. O. Fowler				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl							

(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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed William B White

Licensed Embalmer No. 4291

P. O. Address 4228 S. Kingshighway

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.