

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25729

State File No. ....

BIRTH NO. 58750-51 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2498

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b> <i>400!</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give town) <b>Normandy</b>		c. LENGTH OF STAY (in this place) <b>20 Min</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		2269
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Normandy Osteopathic Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>2005 N Florissant</b>		
3. NAME OF DECEASED (Type or Print) <b>Baby</b>		a. (First)	b. (Middle)	c. (Last) <b>HANKINS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>6-22 1951</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>0</b>	8. DATE OF BIRTH <b>6-22-51</b>	9. AGE (In years last birthday) <b>0</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired) <b>Infant</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Normandy, Mo.</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Eugene Hankins</b>		13b. MOTHER'S MAIDEN NAME <b>Lois Waller</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Eugene Hankins 2005 N Florissant</b>			
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 <b>Prematurity (5 months)</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Miscarriage</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
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>774X</b>				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)		21f. HOW DID INJURY OCCUR?	
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"/>				
22. I hereby certify that I attended the deceased from <b>6-22-51</b> , 19___, to <b>6-22-51</b> , 19___, that I last saw the deceased alive on <b>6-25-51</b> , 19___, and that death occurred at <b>2:50 PM</b> , from the cause and on the date stated above.					
23a. SIGNATURE <b>[Signature]</b> (Degree or title)		23b. ADDRESS <b>7713 Natural Bridge</b>		23c. DATE SIGNED <b>6-25-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-23-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mount Hope</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo</b>		
DATE REC'D BY LOCAL REG. <b>6-24-51</b>	REGISTRAR'S SIGNATURE <b>Hubert R. Donde Md</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>McLaughlin 2301 Lafayette Ave</b>		

(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 \_\_\_\_\_

*Not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Norman A. Toehler*

Licensed Embalmer No. *Juneau Alaska*

P. O. Address *2301 Bayouette*

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.