

FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34777
State File No. 9333

BIRTH NO. 63496-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		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 St. Louis, Missouri)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis--	
c. LENGTH OF STAY (In this place)		2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		d. STREET ADDRESS (If rural, give location) 1010 Park 6	

3. NAME OF DECEASED (Type or Print) a. (First) Baby Girl Infant b. (Middle) c. (Last) Akers			4. DATE OF DEATH (Month) (Day) (Year) Sept. 3, 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0	
8. DATE OF BIRTH 9-3-51			9. AGE (In years last birthday) 0		10. CITIZEN OF WHAT COUNTRY? 57
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) 0	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Lewis		13b. MOTHER'S MAIDEN NAME Barton	
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)		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Immaturity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature Birth DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 776X	
22. I hereby certify that I attended the deceased from 9-3-1951, to 9-3-1951, that I last saw the deceased alive on 9-3-51, 1951, and that death occurred at 9255 km., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Carlton R. Brooks, M.D.			23b. ADDRESS 1515 Lafayette		23c. DATE SIGNED 9-5-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6 OCT 29 1951		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service			

DATE REC'D BY LOCAL REG. OCT 2 1951		REGISTRAR'S SIGNATURE [Signature]		5101	
26. 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 _____

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.