

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42738

FILED JAN 10 1952

State File No. 11045

BIRTH NO. 87391-52 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11045

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri			b. COUNTY 2099							
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) township) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		0							
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips			STREET ADDRESS (If rural, give location) 5236 N. Broadway										
3. NAME OF DECEASED (Type or Print)			a. (First) Celia		b. (Middle) (Twin # 1)		c. (Last) Bain		4. DATE OF DEATH (Month) (Day) (Year) 12 38 51				
5. SEX Fem. 3		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11		8. DATE OF BIRTH 11-28-51		9. AGE (In years last birthday)		10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
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) Missouri 0			12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME Floridus Bain				13b. MOTHER'S MAIDEN NAME Mary Crutcher				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 Catherine M. Howard			ADDRESS 2601 N. Whittier				
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>Bronchopneumonia</u>						INTERVAL BETWEEN ONSET AND DEATH				
			ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Premature birth</u>										
			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						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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 762.5								
22. I hereby certify that I attended the deceased from <u>11-28-</u> , 19 <u>51</u> to <u>12-3-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12-3-</u> , 19 <u>51</u> and that death occurred at <u>11:10 p.m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE W. S. Tucker				(Degree or title) M. D.		23b. ADDRESS 2601 N. Whittier			23c. DATE SIGNED 12-5-51				
24a. BURIAL (CREMATION, REMOVAL) (Specify)		24b. DATE DEC 14 1951		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board			24d. LOCATION (City, town, or county) (State)						
DATE REC'D BY LOCAL REG. DEC 14 1951		REGISTRAR'S SIGNATURE J. E. ...			25. FUNERAL DIRECTOR'S SIGNATURE Miss M. Rowland			ADDRESS 4104 Manchester Ave.					

(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.