

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42762

State File No. 11736
Registrar's No. 11736

JAN 16 1952

BIRTH NO. 87472-51 REG. DIST. NO. 318 PRIMARY DIST. NO. 1003

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

| | | | |
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| 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 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION - ST. LOUIS MATERNITY HOSPITAL | | d. STREET ADDRESS (If rural, give location) - 4639 EASTON AVENUE | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <i>Infant</i> b. (Middle) c. (Last) BETHEL | 4. DATE OF DEATH (Month) (Day) (Year) 12-22-51 |
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|------------------|---------------------------|--|------------------------------|---------------------------------------|---------------------------|---------------------------|--------------------------|
| 5. SEX FEMALE | 6. COLOR OR RACE NEGRO | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NO | 8. DATE OF BIRTH 12-21-51 | 9. AGE (In years last birthday) 15 | IF UNDER 1 YEAR Months | IF UNDER 12 HRS. Hours | IF UNDER 15 MIN. Min. |
|------------------|---------------------------|--|------------------------------|---------------------------------------|---------------------------|---------------------------|--------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE | 10b. KIND OF BUSINESS OR INDUSTRY NONE | 11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI | 12. CITIZEN OF WHAT COUNTRY? USA |
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|---|--|-------------------------------------|
| 13a. FATHER'S NAME JAMES ROBERT BETHEL | 13b. MOTHER'S MAIDEN NAME DELAURIS MARIE FIELDS | 14. NAME OF HUSBAND OR WIFE NONE |
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| 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 JAMES & DELAURIS BETHEL | ADDRESS 4639 EASTON AVE. |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Anoxemia</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>atelectasis - primary</i> DUE TO (c) <i>aspiration of amniotic fluid</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <i>7620</i> |
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22. I hereby certify that I attended the deceased from 12-21-, 1951, to 12-22-, 1951, that I last saw the deceased alive on 12-22-, 1951, and that death occurred at 12:00 ^{midnight} PM, from the causes and on the date stated above.

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| 23a. SIGNATURE <i>M. B. ...</i> | (Degree or title) | 23b. ADDRESS | 23c. DATE SIGNED |
|------------------------------------|-------------------|--------------|------------------|

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|---|-------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE JAN 2 1952 | 24c. NAME OF THE CEMETERY <i>Washington</i> | 24d. LOCATION (City, town, or county) (State) |
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| DATE REC'D BY LOCAL REG. JAN 3 1952 | REGISTRAR'S SIGNATURE <i>Earl Smith</i> | FUNERAL DIRECTOR'S SIGNATURE <i>Roland ...</i> | ADDRESS <i>4104 ...</i> |
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
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.