

## STANDARD CERTIFICATE OF DEATH

42851

JAN 16 1952

State File No. 11807

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis, Mo</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <i>5400 Arsenal St.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis State Hospital</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Amy</i>		b. (Middle) <i>Craig</i>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <i>Dec. 29, 1951</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (Specify) <i>sgl</i>	8. DATE OF BIRTH <i>2/8/90</i>
9. AGE (In years last birthday) <i>61</i>		10. MONTHS <i>10</i>	11. DAYS <i>21</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Wash.</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Keokuk Iowa</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>not known</i>		13b. MOTHER'S MAIDEN NAME <i>not known</i>	
14. NAME OF HUSBAND OR WIFE <i>Hospital Record</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Hospital Record</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Broncho pneumonia</i>	
ANTECEDENT CAUSES <i>Malnutrition</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>	
DUE TO (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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? <i>H91X</i>	
22. I hereby certify that I attended the deceased from <i>May 24, 1943</i> , to <i>Dec. 30, 1951</i> , that I last saw the deceased alive on <i>Dec. 30, 1951</i> , and that death occurred at <i>6:00 P</i> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>John Schlenker, M.D.</i>		23b. ADDRESS <i>5400 Arsenal St.</i>	
23c. DATE SIGNED <i>12/31/51</i>		24. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <i>JAN 10 1952</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Anderson DeBour</i>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <i>Rowland Mortuary Service</i>	
DATE, REC'D BY LOCAL REGISTRAR <i>JAN 10 1952</i>		ADDRESS <i>4104 Manchester Ave</i>	

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

2  
not from given

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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 \_\_\_\_\_

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.