

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10908**

FILED MAR 20 1952

BIRTH NO. **1145** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063** Registrar's No. **495**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pacific 0360	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital			
3. NAME OF DECEASED (Type or Print) Baby Girl		a. (First) Holden	b. (Middle)
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 2-23-52	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH 2-22-52
9. AGE (In years last birthday)		10. YR UNDER MONTHS	11. YR UNDER 24 HRS. MIN. 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) MOO	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Clifford Holden	
13b. MOTHER'S MAIDEN NAME Lola		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or date 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 14 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anencephaly		
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c)			
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 750X	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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-22, 1952**, to **2-23, 1952**, that I last saw the deceased alive on **2-22, 1952**, and that death occurred at **7:55 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Rayne C. Roberts, M.D.	23b. ADDRESS 1601 S. Brentwood Clayton	23c. DATE SIGNED 2-23-52
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Heartshorn Mo		

DATE REC'D BY LOCAL REG. 2-23-52	REGISTRAR'S SIGNATURE Herbert R. Donke, MD	25. FUNERAL DIRECTOR'S SIGNATURE L. J. Papp, Inc.	ADDRESS Highland 7200
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3. 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.....

.....
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.