

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15035**

FILED MAY 9 - 1952

| | | | | | | | |
|--|--|--|--|---|--|--|----------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>3064</u> | | Registrar's No. <u>1204</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u> | | c. LENGTH OF STAY (in this place) <u>18 Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Florissant</u> <u>4001</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>40 N. Florissant Rd.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>20 Locust Dr.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ann</u> | | | b. (Middle) <u>Catherine</u> | | | c. (Last) <u>Little</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>May 3, 1952</u> | | | | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | | 8. DATE OF BIRTH <u>Mar. 24, 1939</u> | |
| 9. AGE (In years last birthday) <u>13</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 2 HRS. Hours _____ Mins. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Scolastic</u> | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> | |
| 13a. FATHER'S NAME <u>Archie H. Little</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Marcella Little</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Single</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Archie H. Little Florissant, Mo.</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Failure</u> | | | | | <u>10 min.</u> |
| | | ANTECEDENT CAUSES (b) <u>Chronic Bronchial Asthma</u> | | | | | <u>8 yrs</u> |
| | | 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 <u>none</u> | | | | 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) <u>241x</u> | | | |
| 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? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>Dec 1950</u> , to <u>5-3, 1952</u> , that I last saw the deceased alive on <u>5-3, 1952</u> , and that death occurred at <u>10:20 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>M. D. Johnson M. D.</u> | | | 23b. ADDRESS <u>Ferguson, Mo.</u> | | | 23c. DATE SIGNED <u>5-5-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5/7/52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>5-6-52</u> | | REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Chapel, Ferguson, Mo.</u> | | | |

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

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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

A. M. White

Licensed Embalmer No. *3973*

P. O. Address *Jerguson Ave*

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.