No. 300
10.48

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

FILED JUL 31 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 26143

BIRTH NO. 46006 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7038

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital #1

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2239
d. STREET ADDRESS (If rural, give location) 23 1721a Lafayette Avenue 0

**3. NAME OF DECEASED** (Type or Print)
a. (First) BABY GIRL
b. (Middle)
c. (Last) MORRIS

**4. DATE OF DEATH** (Month) JUNE (Day) 28, (Year) 1952

**5. SEX** Female
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Single 11
**8. DATE OF BIRTH** June 27, 1952
**9. AGE** (In years last birthday) — If under 1 year: Months — Days — If under 24 hrs.: Hours 16 Min. 50

**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** (City and State or Foreign Country) Missouri 0
**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** Walter Morris
**13b. MOTHER'S MAIDEN NAME** Augusta Ames
**14. NAME OF HUSBAND OR WIFE** None

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.** None
**17. INFORMANT'S SIGNATURE OR NAME** Hospital Record 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial hemorrhage due to birth trauma — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Prematurity

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**
**20. AUTOPSY?** YES ☐ NO ☐

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** 7605

22. *I hereby certify that I attended the deceased from* 6-27-52, 19__, *to* 6-28-52, 19__, *that I last saw the deceased alive on* 6-28-52, 19__, *and that death occurred at* 9:00A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title) Homer H. Hanson, M.D.
**23b. ADDRESS** 0 1515 Lafayette Avenue
**23c. DATE SIGNED** 8-1-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify) 0
**24b. DATE** 7-31-1952
**24c. NAME OF CEMETERY OR CREMATORY** Anatomical Board
**24d. LOCATION** (City, town, or county) St. Louis, Mo. (State)

**DATE REC'D BY LOCAL REG.** JUL 22 1952
**REGISTRAR'S SIGNATURE** J. Earl Smith, M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE** Rowland Mortuary Service **ADDRESS** 4104 Manchester Ave.
(Licensed Embalmer's Statement on Reverse Side)

## 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.