

STANDARD CERTIFICATE OF DEATH

30252

State File No.

FILED AUG 23 1952

BIRTH NO. 57195 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2166

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>none</u> | |
| c. LENGTH OF STAY (In this place) <u>4 days</u> | | d. STREET ADDRESS (If rural, give location) <u>none 4000</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u> b. (Middle) <u>Girl</u> c. (Last) <u>HELLEMS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>8 15 52</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Colored</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>Aug. 11, 1952</u> | 9. AGE (In years last birthday) | IF UNDER 1 YEAR Days <u>4</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 11. BIRTHPLACE (State or foreign country) <u>Clayton, Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | |

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| 13a. FATHER'S NAME <u>Mr. Alex</u> | 13b. MOTHER'S MAIDEN NAME <u>Naomi Helms</u> | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Lucy Helms</u> | ADDRESS |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>776X</u> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 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 8-11, 1952, to 8-15, 1952; that I last saw the deceased alive on 8-15, 1952 and that death occurred at 8:00A m., from the causes and on the date stated above.

| | | |
|---|---|---------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) | 23b. ADDRESS <u>601 S. Brentwood, Clayton</u> | 23c. DATE SIGNED <u>8-16-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>15</u> | 24b. DATE <u>8-18-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery St. Louis</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>8-17-52</u> | REGISTRAR'S SIGNATURE <u>Herbert B. Domb</u> | 25. GENERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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

Leroy W. Bannister

Licensed Embalmer No.

4523

P. O. Address

3880 Easton

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.