

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

30258

State File No.

BIRTH NO. 57210 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2206

1. PLACE OF DEATH a. CITY <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>CLAYTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brentwood #511</u>	
c. LENGTH OF STAY (In this place) <u>7 hrs 48 min</u>		d. STREET ADDRESS (If rural, give location) <u>8746 Rose (REAR)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Baby</u>	b. (Middle) <u>Boy</u>	c. (Last) <u>Mack</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8-4-52</u>
---	------------------------	------------------------	-----------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single A</u>	8. DATE OF BIRTH <u>8-4-52</u>	9. AGE (In years last birthday) <u>7</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 24 HRS. Hours <u>48</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>
---	---	---	--

13a. FATHER'S NAME <u>Joseph Mack</u>	13b. MOTHER'S MAIDEN NAME <u>Eddie Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
---	--	---

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>Eddie Johnson</u>	ADDRESS <u>8746 Rose Brentwood</u>
---	---	--	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) <u>7 hrs</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <u>Compression of umbilical cord due to twisting about leg and neck</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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)
---	---	--

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 8-4, 1952, to 8-4, 1952, that I last saw the deceased alive on 8-4, 1952, and that death occurred at 8:20P m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>0</u>	23b. ADDRESS <u>601 S. Brentwood, Clayton</u>	23c. DATE SIGNED
---	----------------------------	---	-------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>8-30-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. LOUIS CREMATORY</u>	24d. LOCATION (City, town, or county) (State) <u>ARSENAL ST. ST. LOUIS MO</u>
--	------------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>8-22-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>St. Louis County Hospital</u>	ADDRESS <u>601 S. Brentwood</u>
---	--	---	---

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

FILED AUG 30 1952

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.