

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43789**
Registrar's No. **11517**

FILED JAN 10 1953

BIRTH NO. **88592** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		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) St. Louis		c. LENGTH OF STAY (In this place) 15 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word Hospital		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. STREET ADDRESS 12		(If rural, give location) 5055 Waterman	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) HENRY c. (Last) SALLEE			4. DATE OF DEATH (Month) (Day) (Year) 12-13-52
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 11-27-52
9. AGE (In years last birthday) 15		10. IF UNDER 1 YEAR Days 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newborn		10b. KIND OF BUSINESS OR INDUSTRY none	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U SA	
13a. FATHER'S NAME Therman Sallee		13b. MOTHER'S MAIDEN NAME Anastasia Phelan	
14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mother-Mrs. T. Sallee		ADDRESS same	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cry the blastom Foetalis INTERVAL BETWEEN ONSET AND DEATH 20 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 7700			
22. I hereby certify that I attended the deceased from Nov 27, 1952 , to 12/13 , 1952, that I last saw the deceased alive on 12/12 , 1952, and that death occurred at 6:40 am. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. J. M. ...		23b. ADDRESS 7619 ...	
23c. DATE SIGNED 12/13/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-15-52	
24c. NAME OF CEMETERY OR CREMATOR Rock Church Cem. Latawising, Mo.		24d. LOCATION (City, town, or county) (State) ...	
DATE REC'D BY LOCAL REG. DEC 15 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Geo. L. ...		ADDRESS ...	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Geo. L. Thresher

Licensed Embalmer No. 3008

P. O. Address Pacific Mo.

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.