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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 24 1953

State File No. 22873

BIRTH NO. 39 088 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5760

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
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): Firmin Desloge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo.
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): 2139 So. Jefferson 4 0 23

3. NAME OF DECEASED (Type or Print)
a. (First): Baby
b. (Middle): ----
c. (Last): Hasty

4. DATE OF DEATH (Month) (Day) (Year): 6- 9- 53

5. SEX: Male 0

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): --

8. DATE OF BIRTH: 6- 9- 53

9. AGE (In years last birthday): If under 1 year: Months -, Days -; If under 24 hrs.: Hours 13, Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): --

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (City and State or Foreign Country): St. Louis Mo. 0

12. CITIZEN OF WHAT COUNTRY?: -

13a. FATHER'S NAME: George Wilber Hasty

13b. MOTHER'S MAIDEN NAME: Helen Imo Pogue

14. NAME OF HUSBAND OR WIFE: ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): --- (If yes, give war or dates of service): 0

16. SOCIAL SECURITY NO.: ---

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Helen Hasty, 2139 So. Jefferson 4

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): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 13 Hrs.

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 ☐ 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?: 776X

22. *I hereby certify that I attended the deceased from* June 9, 1953, *to* June 9, 1953, *that I last saw the deceased alive on* June 9, 1953, *and that death occurred at* 8:35P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Salvatore N. Ruggeri M.D.

23b. ADDRESS: 1325 S. Grand St. Louis Mo.

23c. DATE SIGNED: 6-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 6-11-53

24c. NAME OF CEMETERY OR CREMATORY: BETHANY CHAPEL

24d. LOCATION (City, town, or county) (State): EMINENCE MO.

DATE REC'D BY LOCAL REG.: JUN 10 1953

REGISTRAR'S SIGNATURE: J. Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: St. Louis Funeral Home 7705 St. Louis Ave

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 Robert M. Murray

Licensed Embalmer No. 3749 N

P. O. Address St. Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.