No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33140

BIRTH NO. 64215 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9256

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

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): Saint Louis Maternity

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): StLouis 2129
d. STREET ADDRESS (If rural, give location): 5059 Waterman Avenue 0

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

4. DATE OF DEATH (Month) (Day) (Year): September 24 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): —
8. DATE OF BIRTH: September 24 1953
9. AGE (In years last birthday): If under 1 year: Months / Days; If under 24 hrs.: Hours 11 Min. 45

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 Missouri 0
12. CITIZEN OF WHAT COUNTRY?: —

13a. FATHER'S NAME: Billy Gene Easterwood
13b. MOTHER'S MAIDEN NAME: Patricia Beatrice Farris
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): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Patricia Beatrice Easterwood
ADDRESS: Above

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 - (26 weeks) incompatible with life - — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature separation or placenta — 20 hrs

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: 9-24-53
19b. MAJOR FINDINGS OF OPERATION: Premature separation or placenta
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? 7615

22. *I hereby certify that I attended the deceased from* Sept 24, 19 53 *to* Sept 24, 19 53, *that I last saw the deceased alive on* Sept 24, 19 53 *and that death occurred at* 11:40 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A S Haskins M.D. 0
23b. ADDRESS: 630 S. Kingsbury Way St. Louis
23c. DATE SIGNED: 9-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-25-53
24c. NAME OF CEMETERY OR CREMATORY: St. Johns
24d. LOCATION (City, town, or county) (State): Granite City Illinois

DATE REC'D BY LOCAL REG.: SEP 25 1953
REGISTRAR'S SIGNATURE: J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: Francis J Lahey
ADDRESS: Madison, Ill.

M & B

(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 Francis J Lahey

Licensed Embalmer No. Not embalmed

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.