No. 300
10.48

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

FILED APR 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10715

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 743

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bellefontaine Neighbors
c. LENGTH OF STAY (In this place) 3 m. 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis State Training School

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bellefontaine Neighbors
d. STREET ADDRESS (If rural, give location) 10695 Bellefontaine Road

3. NAME OF DECEASED (Type or Print)
a. (First) PAULINE b. (Middle) PATRICIA c. (Last) BAILEY

4. DATE OF DEATH (Month) 3 (Day) 22 (Year) 1954

5. SEX Female

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH February 28, 1943

9. AGE (In years last birthday) 11 — If under 1 year: Months — Days 22 — If under 24 hrs.: Hours 19 Min. 50

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Union, New Albany, Mississippi

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME MARION CARNWELL

13b. MOTHER'S MAIDEN NAME LENA BAILEY

14. NAME OF HUSBAND OR WIFE X. NONE

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

16. SOCIAL SECURITY NO. X. NONE

17. INFORMANT'S SIGNATURE OR NAME Records of St. Louis State Tr. School — ADDRESS 10695 Bellefontaine Road

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) Exhaustion due to Hyperactivity — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Epilepsy — since birth
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Mental Deficiency — since birth

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 3533.

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?

22. *I hereby certify that I attended the deceased from* 12-8, 1953, *to* 3-22, 1954, *that I last saw the deceased alive on* March 22, 1954, *and that death occurred at* 7:50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Edward P. Wolff — (Degree or title) M.D

23b. ADDRESS 10695 Bellefontaine Road

23c. DATE SIGNED 3/22/54

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

24b. DATE 3-27-54

24c. NAME OF CEMETERY OR CREMATORY Washington P Cemetery

24d. LOCATION (City, town, or county) St. Louis County, Mo. (State)

DATE REC'D BY LOCAL REG. 3/24/54 — REGISTRAR'S SIGNATURE Herbert R. Somke M.D.

25. FUNERAL DIRECTOR'S SIGNATURE Metropolitan Funeral System Inc. — ADDRESS 5010 Enright Ave

(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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Paul V. Freeman

Signed.....
Student Embalmer

Licensed Embalmer No. 4686

P. O. Address 4729 Hammett F

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

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