

FILED JUN 8 1954

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

| | | | | | | | |
|---|--|---|--|--|--|---|--|
| BIRTH NO. <u>40574-54</u> | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>541</u> | | Registrar's No. <u>1180</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MO.</u> b. COUNTY <u>ST. Louis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton,</u> | | c. LENGTH OF STAY (In this place) <u>5 HOURS</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u> | | d. STREET ADDRESS (If rural, give location) <u>COUNTY HOSPITAL</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>COUNTY HOSPITAL</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u> | | b. (Middle) <u>Girl</u> | | c. (Last) <u>Douglas</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 5, 1954</u> | |
| 5. SEX <u>Fem</u> | | 6. COLOR OR RACE <u>col</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>no - SINGLE</u> | | 8. DATE OF BIRTH <u>5-5-54</u> | |
| 9. AGE (In years last birthday) <u>5</u> | | 10. MONTHS <u>5</u> | | 11. DAYS <u>35</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</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 (City and State or Foreign Country) <u>Clayton, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> | |
| 13a. FATHER'S NAME <u>James Douglas</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Vanderford</u> | | 14. NAME OF HUSBAND OR WIFE <u>NONE</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mary Douglas, St. Louis Co. Hospital</u> ADDRESS <u>St. Louis Co. Hospital</u> | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Infant (860g)</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs.</u> 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) <u>774X</u> | | | |
| 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? <u>2:21 Pm.</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>5-5</u> , 1954, to <u>5-5</u> , 1954, that I last saw the deceased alive on <u>5-5</u> , 1954, and that death occurred at <u>7:15 Pm.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Halver S. Nelson M.D.</u> | | | | 23b. ADDRESS <u>6015 Brentwood Clayton</u> | | 23c. DATE SIGNED <u>5/5/54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u> | | 24b. DATE <u>5-25-54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Louis City Crematory</u> | | 24d. LOCATION (City, town, or county) (State) <u>5800 Arsenal, St. Louis Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>5-20-54</u> | | REGISTRAR'S SIGNATURE <u>Herbert R. Dornik M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <u>ST. LOUIS COUNTY HOSPITAL</u> | | | |

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.