

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39482**

BIRTH NO. **75041-54** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **2599**

1. PLACE OF DEATH a. COUNTY St/ Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Clayton	c. LENGTH OF STAY (in this place) 3 hr. 20 min.	c. CITY OR TOWN Crestwood	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital		STREET ADDRESS (If rural, give location) 8701 Sappington Rd.	

3. NAME OF DECEASED (Type or Print) Baby Girl	a. (First)	b. (Middle)	c. (Last) Robinson	4. DATE OF DEATH Oct. 19, 1954
5. SEX F	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 10-19-54	9. AGE (In years last birthday) 3
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 (City and State or Foreign Country) Clayton, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Evelyn Robinson	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 St. Louis County Hospital Clayton, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 hrs.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity	DUE TO (b)		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	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) 776X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10-19-**, 19**54**, to **10-19-**, 19**54**, that I last saw the deceased alive on **10-19-**, 19**54**, and that death occurred at **9:15p** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank J. Valach, M.D.	23b. ADDRESS 601 S. Brentwood, Clayton 5, Mo.	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 11/9/54	24c. NAME OF CEMETERY OR CREMATORY St. Louis Crematory
24d. LOCATION (City, town, or county) (State) 5800 Arsenal, St. Louis, Mo.		

DATE REC'D BY LOCAL REG. 11/9/54	REGISTRAR'S SIGNATURE Heather R. ...	25. FUNERAL DIRECTOR'S SIGNATURE St. Louis Co. Hosp. ...	ADDRESS
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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.....
Signature of 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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