

FILED AUG 2-1955

STANDARD CERTIFICATE OF DEATH

State File No. 23480

BIRTH NO. 31512-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5843

1. PLACE OF DEATH a. COUNTY X		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY X	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Booth Memorial Hospital		d. STREET ADDRESS (If rural, give location) 24 2855 So. Jefferson	
3. NAME OF DECEASED (Type or Print) Debie		4. DATE OF DEATH (Month) (Day) (Year) 5/13/55	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 5/12/55	
9. AGE (In years last birthday) 22		10. IF UNDER 1 YEAR Months 43	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Lloyd Levern Blackwell		13b. MOTHER'S MAIDEN NAME Wanda Lee Bonds	
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 X Lloyd W. Blackwell ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Developmental abnormality of the heart and lungs. INTERVAL BETWEEN ONSET AND DEATH since Birth 2 May 12, 1953 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 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 7544		22. I hereby certify that I attended the deceased from May 12, 1955 , to May 13, 1955 , that I last saw the deceased alive on May 13, 1955 , and that death occurred at 1:10 P. M. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Lester E. Ellison MD		23b. ADDRESS 3610 So Broadway, St. Louis, Mo.	
23c. DATE SIGNED May 13, 1955		24a. BURIAL, CREMATION, REMOVAL (Specify) 7-30-55	
24b. DATE		24c. NAME OF CEMETERY OR CREMATORY Anatomical Bourne	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kowland-Aker Mortuary Service	
DATE REC'D BY LOCAL REG. JUL 7 1955		REGISTRAR'S SIGNATURE Carl Smith MD	

(Licensed Embalmer's Statement on Reverse Side)

4104 Manchester Ave
St. Louis 10, Mo.

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.....

Signed.....
Student Embalmer

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.