

FILED AUG 2-1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23663
5593

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

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <i>St. Louis, Mo.</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Jefferson</i> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Mo</i> | | c. CITY OR TOWN <i>HERCULANEUM</i> | |
| c. LENGTH OF STAY (in this place) <i>4 days</i> | | 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 <i>St. Louis Children's Hosp.</i> | | STREET ADDRESS (If rural, give location) <i>x 63 School St.</i> | |

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|---|--|--|---|---|--|
| 3. NAME OF DECEASED (Type or Print) <i>Rebecca Adeline Douglas</i> | | | 4. DATE OF DEATH (Month) (Day) (Year) <i>JUNE 26 1955</i> | | |
| a. (First) | b. (Middle) | c. (Last) | 5. SEX <i>F.</i> | 6. COLOR OR RACE <i>W.</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) |
| 8. DATE OF BIRTH <i>Sept. 1, 1948</i> | 9. AGE (In years last birthday) <i>6</i> | IF UNDER 1 YEAR Months <i>9</i> | IF UNDER 1 YEAR Days <i>25</i> | IF UNDER 24 HRS. Hours <i></i> | Min. <i></i> |
| 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) <i>St. Louis, Mo</i> | |
| 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> | | 13a. FATHER'S NAME <i>Lester John Douglas</i> | | 13b. MOTHER'S MAIDEN NAME <i>VERA Highley</i> | |
| 14. NAME OF HUSBAND OR WIFE <i>-</i> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>-</i> | | 16. SOCIAL SECURITY NO. <i>-</i> | |

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| 17. INFORMANT'S SIGNATURE OR NAME <i>C.W. Reiv</i> | | ADDRESS <i>500 S. Kings Highway</i> | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Leukemia</i> ANTECEDENT CAUSES <i>Septicemia</i> DUE TO (b) <i>-</i> DUE TO (c) <i>-</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH | |
|---|--|---|--|----------------------------------|--|

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|--|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <i>J. Decker</i> | | 20. AUTOPSY? YES <input checked="" 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) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <i>2044</i> | |

22. I hereby certify that I attended the deceased from *6-22-1955*, to *6-26-1955*, that I last saw the deceased alive on *6-26-1955*, and that death occurred at *9:05 AM.*, from the causes and on the date stated above.

| | | | | | |
|---|--|---|--|---------------------------------|--|
| 23a. SIGNATURE <i>Dr. L. H. ...</i> (Degree or title) | | 23b. ADDRESS <i>Children's Hospital</i> | | 23c. DATE SIGNED <i>6-26-55</i> | |
|---|--|---|--|---------------------------------|--|

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|--|--|--|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | | 24b. DATE <i>June 30, 1955</i> | | 24c. NAME OF CEMETERY OR CREMATORY <i>City</i> | |
| 24d. LOCATION (City, town, or county) (State) <i>Herculaneum, MO</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Carl Smith</i> | | ADDRESS <i>1111 ... Festus Mo.</i> | |

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE *J. Carl Smith*
JUN 28 1955
mjs (Licensed Embalmer's Statement on Reverse Side)

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 *Keith B. Vinjard*.....

Licensed Embalmer No. *49*.....

P. O. Address *Foster*.....

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.