

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27550

FILED SEP 8 1955

1003

State File No. _____
Registrar's No. 7426

BIRTH NO. <u>59421-55</u>		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>ST. LOUIS</u>		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 <u>ST. LOUIS CITY HOSPITAL</u>			• STREET ADDRESS (If rural, give location) <u>23 2137 Geyer Ave.</u>		<u>2239</u>
3. NAME OF DECEASED (Type or Print) a. (First) <u>KATHLEEN</u>		b. (Middle)	c. (Last) <u>COOK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 7 1955</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>JULY 7, 1955</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days
					IF UNDER 4 HRS. Hours Min. <u>1 40</u>
10a. USUAL OCCUPATION (Give kind of work done for most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>JAMES</u>		13b. MOTHER'S MAIDEN NAME <u>HERTZ</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HOSPITAL RECORD</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Erythroblastosis fetalis, uterus gravid</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.				INTERVAL BETWEEN ONSET AND DEATH <u>100 minutes</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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? <u>7700</u>		
22. I hereby certify that I attended the deceased from <u>7-7-55</u> , 19 <u> </u> , to <u>7-7-55</u> , 19 <u> </u> , that I last saw the deceased alive on <u>7-7-55</u> , 19 <u> </u> , and that death occurred at <u>9:30P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Don B. Klink</u>		(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1515 Lafayette Avenue</u>		23c. DATE SIGNED <u>7-8-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>8-31-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>AUG 24 1955</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u> <u>mfb</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rowland-Aker Mortuary Service</u> <u>2114 Manchester Ave.</u> <u>St. Louis 10, Mo.</u>	

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.