

FILED SEP 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30877

8322

BIRTH NO. 38861-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8322

1. PLACE OF DEATH
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) _____

c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hosp.

e. STREET ADDRESS (If rural, give location) 1208 S. Theresa

3. NAME OF DECEASED a. (First) Juanita b. (Middle) _____ c. (Last) Gipson 4. DATE OF DEATH (Month) 8 (Day) 16 (Year) 55

5. SEX Female 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married 8. DATE OF BIRTH 5-31-55 9. AGE (In years last birthday) 2 15 15 If UNDER 1 YEAR: Months Days If UNDER 24 HRS: Hours Min.

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) St. Louis 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME L. C. Gipson 13b. MOTHER'S MAIDEN NAME Juanita Rush 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME [Signature] ADDRESS 2601 N. Whittier

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diarrhea with Severe Dehydration. MEDICAL CERTIFICATION: Diarrhea with Severe Dehydration. INTERVAL BETWEEN ONSET AND DEATH Under.

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

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 Atelectosis, lungs.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) 571.0

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 8-8-, 1955, to 8-16-, 1955, that I last saw the deceased alive on 8-16-, 1955, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE William H. Sinkler (Degree or title) M/D 23b. ADDRESS 2601 N. Whittier St. 23c. DATE SIGNED 9-12-55

24a. BURIAL, CREMATION, REMOVAL (Specify) _____ 24b. DATE 9-30-55 24c. NAME OF CEMETERY OR CREMATORY Anatomical Boare 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. SEP 22 1955 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Rowland-Aker Mortuary Service, 4104 Manchester Ave.

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.