

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 6 - 1956

State File No. **11118**  
Registrar's No. **3145**

BIRTH NO. **19712-56** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY  b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>ST. LOUIS, MISSOURI</b> )  c. LENGTH OF STAY (in this place) township)  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSPITAL #1.</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY  c. CITY OR TOWN <b>St. Louis</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or Print) <b>BABY B OY (KEITH)</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>MARCH 16, 1956</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)	<b>8. DATE OF BIRTH</b> <b>MARCH 15, 1956</b>
<b>9. AGE</b> (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.		<b>9. AGE</b> (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country)		<b>12. CITIZEN OF WHAT COUNTRY?</b>	
<b>13a. FATHER'S NAME</b> <b>OSCAR MARTIN</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>LELIA SHORES</b>	
<b>14. NAME OF HUSBAND OR WIFE</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)	
<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS	

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Subarachnoid Hemorrhage</b>		<b>10 hrs.</b>	
<b>ANTECEDENT CAUSES</b> *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>30 hrs.</b>	
DUE TO (b) <b>Hemorrhagic Disease of Newborn</b>		<b>10 hrs.</b>	
DUE TO (c)		<b>10 hrs.</b>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>10 hrs.</b>	
<b>Subdural Hematoma</b> <b>Epidural Hematoma</b>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from 3-15 1956, to 3-16 1956, that I last saw the deceased alive on 3-16 1956, and that death occurred at 2:30 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Lon B. Klink, M.D.</b>	<b>23b. ADDRESS</b> <b>1515 LAFAYETTE AVE.</b>	<b>23c. DATE SIGNED</b> <b>3-19-56.</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)	<b>24b. DATE</b> <b>MAR 31 1956</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Anatomical Board</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>MAR 29 1956</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Carl Smith</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Rowland-Aker Mortuary Service</b> <b>412 Manchester Ave.</b> <b>St. Louis 10, Mo.</b>
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(Licensed Embalmer's Statement on Rev. 1-1-54)

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**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**. (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.