

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25163
STATE FILE NUMBER
6059
Registrar's No.

FILED JUL 20 1956

42143-56 Registration District No. 318 Primary Registration District No. 1003

Health, & Welfare
Public
Service

5. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN ST. LOUIS, MISSOURI	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1.		d. STREET ADDRESS 1215 ARMSTRONG	
3. NAME OF DECEASED (Type or print) BABY GIRL		4. DATE OF DEATH Month Day Year JUNE 10 1956	
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 8, 1956
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 country) ST. LOUIS, MISSOURI
13. FATHER'S NAME UNKNOWN 1977		14. MOTHER'S MAIDEN NAME ELLA MAE JEFFERSON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT ST. LOUIS CITY HOSPITAL RECORDS.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Primaturity DUE TO (b) Congenital atelectasis DUE TO (c) 762.5 Conditions, if any, which gave rise to, above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2 days 2 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 6/8/56 to 6/10/56 and last saw her alive on 6/10/56 Death occurred at 5:40 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Hugh H. [Signature]</i>		22b. ADDRESS 1515 LAFAYETTE AVE.	
		22c. DATE SIGNED 6/12/56.	
23a. BURIAL, CREMATION, REMOVAL (Specify) 6-31-56		23b. NAME OF CEMETERY OR CREMATORY Anatomical Board	
		23c. LOCATION (City, town, or county) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR Rowland-Aker Mortuary Service		25. DATE RECD. BY LOCAL REG. JUN 27 1956	
		26. REGISTRAR'S SIGNATURE <i>Carl Smith MO</i>	

STATE OF TEXAS

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

NO. 1000000000

DATE OF DEATH

TIME

PLACE

BY

NAME

NO.

A.B.

DEPARTMENT OF HEALTH

NO.

REGISTERED

NO.

STATE OF TEXAS

NO.

NO.

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.....

NO.

NO.

NO.

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.