

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25355

State File No. _____

FILED AUG 1 - 1956

BIRTH NO. 42553-56 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1692

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis (Easton)</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>	c. LENGTH OF STAY (In this place) <u>5 min.</u>	c. CITY OR TOWN <u>Wellston 4301</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>6338 Derby</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u> b. (Middle) <u>Girl</u> c. (Last) <u>Bartlett</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>9</u> <u>56</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>6-9-56</u>	9. AGE (In years last birthday) <u>5</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> IF UNDER 12 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Jessie Bartlett</u>	13b. MOTHER'S MAIDEN NAME <u>Alma Howell</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>St. Louis Co. Hosp. - Clayton, Mo.</u> ADDRESS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>IMMATURITY.</u>	DUE TO (b) <u>PREMATURE LABOR OF UNKNOWN</u>		
ANTECEDENT CAUSES	DUE TO (c) <u>ETIOLOGY.</u>		
II. OTHER SIGNIFICANT CONDITIONS	<u>NO PRENATAL CARE FOR MOTHER.</u>		

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

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>776X 777X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3:55pm 6/9, 1956, to 1:00pm 6/9, 1956; that I last saw the deceased alive on 4:00pm 6/9, 1956, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank J. Valach, M.D.</u>	23b. ADDRESS <u>601 S. Brentwood Blvd</u>	23c. DATE SIGNED <u>7-13-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>7-13-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Louis Crem.</u>
		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>

DATE REC'D BY LOCAL REG. <u>7-13-56</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Donohue</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>County Hosp. - St. Louis Co., Mo.</u> ADDRESS
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

S. No. 300
V. 10.48

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.