

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 21 1958

State File No. **31906**

BIRTH NO. **62774-56** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7960**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St Louis Mo	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN St Louis	d. In 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 St Marys Infirmary		e. STREET ADDRESS (If rural, give location) 2756 Bacon	811 D

3. NAME OF DECEASED (Type or Print) a. (First) Bland b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 8-16-56		
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) newborn	8. DATE OF BIRTH 8-16-56	9. AGE (In years last birthday)	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo	12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Leo John Bland	13b. MOTHER'S MAIDEN NAME Mary Alice Gales	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Leo John Bland ADDRESS 2756 Bacon

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) prematurity 5 mo gestation		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 776x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 12:45 AM

22. I hereby certify that I attended the deceased from **8-16-56**, 19**56**, to **8-16-56**, 19**56**, that I last saw the deceased alive on **8-16**, 19**56**, and that death occurred at **1:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Walter D. Clough, M.D. (Degree or title)	23b. ADDRESS 1914 N. Taylor St Louis Mo	23c. DATE SIGNED 8-16-56
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 8-31-56	24c. NAME OF CEMETERY OR CREMATORY Anatomical Bldg (City, town, or county) St. Louis, Mo. (State)
DATE REC'D BY LOCAL REG. AUG 29 1956	REGISTRAR'S SIGNATURE Carl Smith Mo	25. PROVIDER-FACTORY SERVICE ADDRESS 4104 Manchester Ave. St. Louis 10, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.