

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36222
State File No. 9320

FILED NOV 16 1956

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. _____

| | | | | | | |
|---|--|--|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY | | | 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 <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips | | | | | | e. STREET ADDRESS (If rural, give location) 2170 3152 W. Brantner |
| 3. NAME OF DECEASED (Type or Print) a. (First) Lorraine | | | b. (Middle) Vernell | | c. (Last) Snow | |
| 4. DATE OF DEATH (Month) (Day) (Year) 10 10 56 | | 5. SEX Female | | 6. COLOR OR RACE Colored | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby |
| 8. DATE OF BIRTH 2-7-55 | | 9. AGE (In years last birthday) 1 | | 10. IF UNDER 1 YEAR Days 8 | | 11. IF UNDER 24 HRS. Hours 3 Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby | | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (City and State or Foreign Country) Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | 13a. FATHER'S NAME Wade Snow | | 13b. MOTHER'S MAIDEN NAME Lo Ella Heath | |
| 14. NAME OF HUSBAND OR WIFE Baby | | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT'S SIGNATURE OR NAME Wade Snow | | | ADDRESS 3152 W. Brantner | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. Broncho Pneumonia | | | | | | 1 |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | | | |
| II. ANTECEDENT CAUSES (b) 2. Meningococemia? | | | | | | 7 |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | | |
| DUE TO (c) | | | | | | |
| 11. 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 491x | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.) | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:30 P. m. , from the causes and on the date stated above. | | | | | | |
| 23a. SIGNATURE <i>[Signature]</i> | | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 10/13/56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 10-15-56 | | 24c. NAME OF CEMETERY OR CREMATORY Greenwood | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri |
| DATE REC'D BY LOCAL REG. OCT 13 1956 | | REGISTRAR'S SIGNATURE <i>[Signature]</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ellis Funeral Home, Inc. 2820 Stoddard St. | | |

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

(Licensed Embalmer's Statement on Reverse Side)

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 *Fulton E. Culkin*

Licensed Embalmer No. *4198*

P. O. Address *St. Louis*

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.