

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18770

FILED MAY 24 1957

State File No. _____
Registrar's No. **4312**

BIRTH NO. **33824-57** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair		
b. CITY OR TOWN St. Louis, Mo		c. LENGTH OF STAY (in this place) 14 hrs	c. CITY OR TOWN E. 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 19 PEOPLES HOSPITAL			STREET ADDRESS (If rural, give location) 32 716 Piggott 8120 8		
3. NAME OF DECEASED (Type or Print) a. (First) Baby b. (Middle) c. (Last) Haynes			4. DATE OF DEATH (Month) (Day) (Year) 5-4-57		
5. SEX 3 Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 5-3-57	9. AGE (In years last birthday) —	IF UNDER 1 YEAR Months — Days —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY infant	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Gennie Haynes		13b. MOTHER'S MAIDEN NAME Magnolia Houston		14. NAME OF HUSBAND OR WIFE none	
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 ADDRESS Gennie Haynes 716 Piggott			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anoxia ANTECEDENT CAUSES atelectasis 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. 762.0				INTERVAL BETWEEN ONSET AND DEATH 14 hrs 14 hrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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 5-3- 1957, to 5-4- 1957 that I last saw the deceased alive on 5-4- 1957, and that death occurred at 24 m., from the causes and on the date stated above.					
23a. SIGNATURE W. A. Fingal M.D.			23b. ADDRESS 1652 Central, East St. Louis		23c. DATE SIGNED 5-6-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-6-57	24c. NAME OF CEMETERY OR CREMATORY Booker Washington	24d. LOCATION (City, town, or county) (State) East St. Louis, Illinois		
DATE REC'D BY LOCAL REG. MAY 6 '57	REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James J. ... 111 N. 13th		

(Licensed Embalmer's Statement on Reverse Side)

E. St. Louis, Ill

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 *M. Francis Nash*.....
Licensed Embalmer No. *4439*
P. O. Address *3847 Pa...*

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.