Health, Welfare Public Service

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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUN 14 1957

43303-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19073

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5293

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST. LOUIS CITY HOSP. #1. — Length of stay in 1b 25

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE b. COUNTY

c. CITY OR TOWN ST. LOUIS MO, — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS 3002 Market St. (If outside, give location) — Reside on Farm Yes ☐ No ☐ 2 18/0

3. NAME OF DECEASED (Type or print) First BABY GIRL Middle Madia Last MINOR

4. DATE OF DEATH Month MAY 26, Day 1957 Year

5. SEX FEMALE 2

6. COLOR OR RACE NEGRO

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH MAY 26, 1957 ✓

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 4 Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN

10b. KIND OF BUSINESS OR INDUSTRY NONE

11. BIRTHPLACE (City and state or country) ST. LOUIS, MO. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME WILLIE MINOR

14. MOTHER'S MAIDEN NAME LURETA SMITH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NONE (If yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. none

17. INFORMANT Address ST. LOUIS CITY HOSP.#1.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Immaturity

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 776 X

INTERVAL BETWEEN ONSET AND DEATH

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 ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 5/26/57, to 5/26/57 and last saw her/him alive on 5/26/57
Death occurred at 9:45 A.M m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William T. Atkinson Jr.

22b. ADDRESS 1515 LAFAYETTE AVE.

22c. DATE SIGNED 5/27/57

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE 6-29-57

23c. NAME OF CEMETERY OR CREMATORY Anatomical Board

23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR Rowland-Aker ADDRESS 4104 Manchester

25. DATE RECD. BY LOCAL REG. JUN 6 '57

26. REGISTRAR'S SIGNATURE J Earl Smith MD MJB

(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 en

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. (
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.