

FILED SEP 9 1957

STANDARD CERTIFICATE OF DEATH

State File No. 295883

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8029

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION FIRMEN Desloge		STREET ADDRESS (If rural, give location) 2653 Ann	
3. NAME OF DECEASED a. (First) Baby Girl b. (Middle) Hurst c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 8 27 57	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 8-26-57
9. AGE (In years last birthday) 14 53		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Clemon D. Hurst	
13b. MOTHER'S MAIDEN NAME Dorothy Gordon		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 <i>Clemon D. Hurst</i>		ADDRESS 2653 Ann	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital atelectasis		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 762.5			
19a. DATE OF OPERATION No		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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) (Minute)		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 **8-26, 1957** to **8-27, 1957** that I last saw the deceased alive on **8-27, 1957** and that death occurred at **1:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>Ralph C. Schwarz, M.D.</i>		23b. ADDRESS 1325 So Grand		23c. DATE SIGNED 8/27/57	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/28/57		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.	
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DATE REC'D BY LOCAL REG. AUG 28 57		REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN F.H. INC.		ADDRESS 1936 ST. LOUIS AVE	
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S.P. (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 (NO EMBALMING), Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed No Embalming
J. H. [unclear]
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.