

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

94507-5745544
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's 12643

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, give TOWNSHIP only) Inside Limits OR Yes ☐ No ☐ TOWN St. Louis		c. CITY OR TOWN St. Louis Inside Limits Yes ☐ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 2946 Sheridan Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First Middle Last Aaron #2		4. DATE OF DEATH Month Day Year 12 22 57	
5. SEX Fem.	6. COLOR OR RACE Negro	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 12-20-57
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 2 2 57
11. BIRTHPLACE (City and state or country) Saint Louis		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME Bessie Aaron	
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 Mr. May D. Jett R.R. 2601 N. Whittier		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Premature-birth, neonatal death Conditions, if any, which gave rise to above cause: (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 7735			INTERVAL BETWEEN ONSET AND DEATH
19a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
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 12-20-57 to 12-22-57 and last saw her alive on 12-22-57 Death occurred at 9:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Vank [Signature] M.D.		22b. ADDRESS 2601 N. Whittier	
22c. DATE SIGNED 12-26-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) 12-31-57		23b. DATE	
23c. NAME OF CEMETERY OR CREMATORY Anatomical Board		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR Rowland - 404 Manchester		25. DATE RECD. BY LOCAL REG. DEC 31 57	
26. REGISTRAR'S SIGNATURE [Signature]			

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.