

Health,  
& Welfare  
Public  
Service

S. 300  
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
All diseases in Part I must be causally related.

BIRTH # 32179  
MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JAN 17 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

94690-57  
1003

17498  
STATE FILE NUMBER  
Registrar's No. 12780

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence, before admission) a. STATE <u>MO.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only). OR TOWN <u>ST. LOUIS, MO.</u>		c. CITY OR TOWN <u>ST. LOUIS, MO.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ST. LOUIS CITY HOSP. #1. INSTITUTION		d. STREET ADDRESS <u>4440 MC PHERSON</u> (If outside, give location)	
3. NAME OF DECEASED (Type or print) <u>BABE GIRL</u>		4. DATE OF DEATH <u>DEC. 25, 1957</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>12/25/57</u> ✓	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>NONE</u>		11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, MO.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>WATKINS</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Immaturity</u>		19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>ST. LOUIS, MO.</u>	
21. I attended the deceased from <u>12/25/57 12:08 P.</u> to <u>12/25/57</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>12/25/57</u> Death occurred at <u>2:45 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>12/26/57</u>	
22a. SIGNATURE (Degree or title) <u>Quyn T. Carr, M.D.</u>		22b. ADDRESS <u>1515 LAFAYETTE AVE.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>1-31-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	
23b. DATE		23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
24. FUNERAL DIRECTOR <u>Rowland - Rka</u> ADDRESS <u>4104 Manchester</u>		25. DATE RECD. BY LOCAL REG. <u>JAN 8 '58</u>	
		26. REGISTRAR'S SIGNATURE <u>Paul Smith Mo</u> <u>ms</u>	

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.