

pt. Health,
c., & Welfare
S. Public
alth Service

V. S. 300
Rev. 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.

Securing the medical certification in the specific manner required by 1937-140 MOKS-1937.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

47634
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10450

FILED JAN 20 1958

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St Louis</u>		c. CITY OR TOWN <u>Affton</u> <u>4820</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Saint Louis Maternity</u>		d. STREET ADDRESS (If outside, give location) <u>4400 Cayuga Drive</u>	
3. NAME OF DECEASED (Type or print) First <u>Baby</u> Middle <u>Queen</u> Last <u>Queen</u>		4. DATE OF DEATH Month <u>November</u> Day <u>5</u> Year <u>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 checked="" type="checkbox"/>	8. DATE OF BIRTH <u>November 5 1957</u>
9. AGE (In years last birthday) <u>27</u>		10. F UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	11. IF UNDER 24 HRS. Hours <u>25</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>--</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	11. BIRTHPLACE (City and state or country) <u>St Louis Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Winford Jmott Queen</u>	
13b. MOTHER'S MAIDEN NAME <u>Thelma Maxine Mc Cord</u>		14. NAME OF HUSBAND OR WIFE <u>--</u>	
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. <u>776x</u>	
17. INFORMANT <u>Thelma Queen</u>		Address <u>4400 Cayuga Drive Affton, Mo.</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>Incompatible with Life</u> <u>Prematurity (5 mos gestation)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>--</u> DUE TO (c) <u>--</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>25 mins</u>
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.) <u>2</u>	
20c. TIME OF INJURY Hour <u>--</u> Month, Day, Year a.m. <u>--</u> p.m. <u>--</u>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>776x</u>		20f. CITY, TOWN, OR LOCATION <u>Affton</u> COUNTY <u>Missouri</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>November 5 1957</u> to <u>November 5 1957</u> and last saw her alive on <u>November 5 1957</u> Death occurred at <u>2:15 A M</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John A. Hobbs M.D.</u>		22b. ADDRESS <u>6308. King Highway</u>	22c. DATE SIGNED <u>11/5/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>11 6 57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT LEBANON</u>	23d. LOCATION (City, town, or County) (State) <u>St. Louis Co., Mo.</u>
24. FUNERAL DIRECTOR <u>Earl Hilleman</u>		ADDRESS <u>Overland, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>NOV 5 '57</u>
26. REGISTRAR'S SIGNATURE <u>Carl Smith MO</u> <u>MSB</u>			

(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 embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *E. Kelleman*

Licensed Embalmer No. *3501*

P. O. Address *Overland 4 mo*

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.