

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034711
STATE FILE NUMBER

FILED SEP 25 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8954

300
1-57

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO. | | c. CITY OR TOWN ST. LOUIS, MO. | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp. #1 | | d. STREET ADDRESS (If outside, give location) 2227 2305 RUTGER | |
| 3. NAME OF DECEASED (Type or print) First BABY BOY Middle Last SMITH | | 4. DATE OF DEATH Month Aug. Day 30 Year 1958 | |
| 5. SEX MALE 2 | 6. COLOR OR RACE NEGRO | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 8/30/58 ✓ |
| 9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 24 HRS. Hours 4 Min 40 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) no | 10b. KIND OF BUSINESS OR INDUSTRY none | 11. BIRTHPLACE (City and state or country) ST. LOUIS CITY HOSP. | 12. CITIZEN OF WHAT COUNTRY? U.S.A |
| 13a. FATHER'S NAME UNKNOWN | 13b. MOTHER'S MAIDEN NAME QUEEN ESTHER SMITH | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Address ST. LOUIS CITY HOSP. #1. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) neonatal death. DUE TO (c) 773.5 | | | 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |
| 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 Month, Day, Year a.m. p.m. | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE |
| 21. I attended the deceased from 8/30/58 4:30 a.m. to 9:10 a.m. and last saw her/him alive on 8/30/58 . Death occurred at 9:10 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degreg or title) Dr. V. McElroy, M.D. | | 22b. ADDRESS 1515 Lafayette Ave. | 22c. DATE SIGNED 8/30/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE 9-30-58 | 23c. NAME OF CEMETERY OR CREMATORY Anatomical Board | 23d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
| 24. FUNERAL DIRECTOR ADDRESS Rowland Aker 4104 Manchester | 25. DATE RECD. BY LOCAL REG. SEP 17 '58 | 26. REGISTRAR'S SIGNATURE Carl Smith M.D. mjb | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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.**