

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007001
State File No. 2 2011
Registrar's No.

FILED MAR 13 1959

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>St. Louis, Missouri</u>		c. CITY OR TOWN <u>East St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>27 A John De Shields Homes</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Louis Maternity</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Corley</u>	b. (Middle)
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>February 13 1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>February 13 1959</u>
9. AGE (In years Last birthday)		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours <u>1</u> Min. <u>35</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>United States</u>			
13a. FATHER'S NAME <u>Harry Lee Corley</u>		13b. MOTHER'S MAIDEN NAME <u>Geraldine Jean Hurt</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harry & Geraldine Corley</u>
ADDRESS <u>27 John De Shields</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Duration of gestation incompatible with life!</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) <u>Premature labor</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>776 X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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) (Min.)	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 <u>Feb 13</u> , 19 <u>59</u> , to <u>Feb 13</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>Feb 13</u> , 19 <u>59</u> , and that death occurred at <u>3:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Reilly S. Crocker</u>		23b. ADDRESS <u>St. Louis Maternity Hospital</u>	23c. DATE SIGNED <u>2-14-59</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>2-28-59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
DATE REC'D BY LOCAL REG. <u>FEB 26 '59</u>	REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Aker 404 Manchester</u>	
ADDRESS			

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, 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.