URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-003516

FILED VS JAN 29 1960 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 504 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b: 15 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis Children's Hosp. — Inside Limits Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1388 Montclair — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Burnett — Middle Nmn — Last Hart
4. DATE OF DEATH: Month 1 — Day 14 — Year 60
5. SEX: Female
6. COLOR OR RACE: Colored
7. Married ☐ Never Married XX Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-12-59
9. AGE (last birthday)
IF UNDER 1 YEAR: Months 1 — Days 2
IF UNDER 24 HR: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Willie Lee Hart
13b. MOTHER'S MAIDEN NAME: Victoria Johnson
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ----------
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Luan Lehr, 500 S. Kingshighway — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Respiratory and cardiac arrest
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Aspiration pneumonia
DUE TO (c) Prematurity (1880 gm.)
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): Multiple abscesses of skin due to Staphylococcus aureus
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES XX NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
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 12-30-59 to 1-14-60 and last saw her alive on 1-14-60
Death occurred at 9:00 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE Frederick H. Robinson MD (Degree or title)
22b. ADDRESS 500 S. King shighway,
22c. DATE SIGNED 1-14-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 1-15-1960
23c. NAME OF CEMETERY OR CREMATORY Oakdale
23d. LOCATION (City, town, or county) St. Louis Co. Mo. (State)
24. FUNERAL DIRECTOR Dunn Funeral Home — ADDRESS 3847 Page
25. DATE REC'D BY LOCAL REG. JAN 15 1960
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

(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

or by No Embalming, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Bessie M. Simm
Dunn F. Home

Licensed Embalmer No._____

P. O. Address 3847 Pa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.