

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-009177

FILED VS MAR 3 1960

STATE FILE NUMBER

Registration District No. 541 Primary Registration District No. 541 Registrar's No. 456

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u>		Length of stay in 1b <u>2 days</u>		c. CITY OR TOWN <u>Kirkwood</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis Co. Hospital</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>402 So. Filmore</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>Baby Boy Robert Fortune</u>				4. DATE OF DEATH Month Day Year <u>1-24-60</u>					
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1-22-60</u>	9. AGE (last birthday)	IF UNDER 1 YEAR Months <u>2</u> Days <u>2</u>	IF UNDER 24 HR Hours <u>2</u> Min.		
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 country) <u>Clayton, Mo. USA</u>		12. CITIZEN OF WHAT COUNTRY		
13a. FATHER'S NAME <u>Luther Fortune</u>			13b. MOTHER'S MAIDEN NAME <u>Edith Howard</u>			14. NAME OF HUSBAND OR WIFE			
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>None</u>		17. INFORMANT <u>St. Louis Co. Hospital</u>			Address <u>Clayton, 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>Neonatal atelectasis of the lungs</u>							INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)							
		DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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. Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <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		COUNTY		STATE	
21. I attended the deceased from <u>1-22-60</u> to <u>1-24-60</u> and last saw him alive on <u>1-24-60</u> Death occurred at <u>2:50 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Emilia T. Holm, MD</u> (Degree or title)				22b. ADDRESS <u>601 So. Brentwood</u>			22c. DATE SIGNED <u>1-25-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Crementation</u>	23b. DATE <u>2-11-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mo. Crematory</u>		23d. LOCATION (City, town, county) (State) <u>St. Louis, Mo.</u>					
24. FUNERAL DIRECTOR <u>County Hospital - Clayton, Mo.</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>2-11-60</u>		26. REGISTRAR'S SIGNATURE <u>John B. [Signature]</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 \_\_\_\_\_, 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.