

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027761

STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1841

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u>		c. CITY OR TOWN <u>KINLOCH</u>	
Length of stay in lb <u>6 DAYS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis County Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>8119 WARING</u>	
3. NAME OF DECEASED (Type or print) First <u>Baby Boy</u> Middle <u>Mc</u> Last <u>Kinney</u>		4. DATE OF DEATH Month <u>6</u> Day <u>22</u> Year <u>1961</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>COLORED</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-16-61</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>CLAYTON MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>MAUDS S. Mc KINNEY</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.	
17. INFORMANT <u>St. Louis County Hospital</u>		14. NAME OF HUSBAND OR WIFE <u>601 S. Brentwood</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>Prematurity (1180 gms)</u> 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 checked="" 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 <u>4:00p</u> a.m. _____ p.m. _____ Month, Day, Year <u>6-15-61</u> to <u>6-22-61</u> and last saw her alive on <u>6-22-61</u>	
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 <u>CLAYTON</u>		COUNTY <u>MO</u> STATE <u>MO</u>	
21. I attended the deceased from <u>6-15-61</u> to <u>6-22-61</u> and last saw her alive on <u>6-22-61</u> Death occurred at <u>4:00p</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Arthur [Signature]</u> (Degree or title)		22b. ADDRESS <u>601 So. Brentwood, Clayton, Mo.</u>	
22c. DATE SIGNED		22d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>	
23a. BURIAL, CREMATION, REMOVAL, or other disposition <u>Cremation</u>		23b. DATE <u>6-30-61</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>City Crem.</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>	
23e. FUNERAL DIRECTOR <u>COUNTY HOSP. CLAYTON, MO</u>		23f. DATE RECD. BY LOCAL REG. <u>6-30-61</u>	
23g. REGISTRAR'S SIGNATURE <u>John B. [Signature]</u>		23h. ADDRESS <u>601 So. Brentwood, Clayton, Mo.</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 \_\_\_\_\_

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.