

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 20 1949

003

State File No. 4256
Registrar's No.

BIRTH NO. 30570-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) few hours	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary		d. STREET ADDRESS (If rural, give location) 1813 Central Avenue	
3. NAME OF DECEASED (Type or Print) Infant		4. DATE OF DEATH (Month) (Day) (Year) May 6, 1949	
5. SEX Female		6. COLOR OR RACE Col.	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH May 6, 1949	
9. AGE (In years last birthday) 0		10. MONTHS 00	
11. DAYS 00		12. HOURS 00	
13. MINUTES 45		13. BIRTHPLACE (State or foreign country) St. Louis, Missouri	
14. CITIZEN OF WHAT COUNTRY? USA		15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant	
16. KIND OF BUSINESS OR INDUSTRY none		17. FATHER'S NAME Estine Enlow	
18. MOTHER'S MAIDEN NAME Emma Moore		19. NAME OF HUSBAND OR WIFE none	
20. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		21. SOCIAL SECURITY NO. none	
22. INFORMANT'S SIGNATURE OR NAME Estine Enlow		23. ADDRESS 1813 Central	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity ANTECEDENT CAUSES DUE TO (b) Natural involuntarily DUE TO (c) Peritonitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) 15th	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 7725		22. I hereby certify that I attended the deceased from 5/5 1949, to 5/6 1949, that I last saw the deceased alive on 5/6 1949 and that death occurred at 9 p. m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Edmund W. Norden		23b. ADDRESS 930 W 2nd	
23c. DATE SIGNED 5/11/49		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 5-12-49		24c. NAME OF CEMETERY OR CREMATORY Booker Washington	
24d. LOCATION (City, town, or county) (State) E. St. Louis, Illinois		25. FUNERAL DIRECTOR'S SIGNATURE C. L. Nesk	
25. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 12 1949 J. B. Laster		26. ADDRESS 3847 Page Blvd.	

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. 286

working under my personal supervision.

Signed

Clarence Croome
Student Embalmer

Signed

C. L. Nash

Licensed Embalmer No. 2432

P. O. Address 38117 Rd

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 this body is not embalmed, fact should be so stated above.