

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21613**

FILED JUL 9 1949

#75848

318

1003

Registrar's No. **5691**BIRTH NO. **31410-49** REG. DIST. NO.

PRIMARY REG. DIST. NO.

|   |                               |  |  |  |                                      |                                  |
|---|-------------------------------|--|--|--|--------------------------------------|----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY  |                               |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>osceola</b>  |  |                                      |                                  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>  |                               | c. LENGTH OF STAY (in this place)  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>  |  | 17a                                  |                                  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Louis, City Hospital #1</b>   |                               |  | d. STREET ADDRESS (If rural, give location) <b>1939 Maiden Lane</b>  |  |                                      |                                  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Infant</b> b. (Middle) <b>GIRL</b> c. (Last) <b>RUSSELL</b>  |                               |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>May 22, 1949</b>  |  |                                      |                                  |
| 5. SEX <b>female</b>  | 6. COLOR OR RACE <b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>                                   | 8. DATE OF BIRTH <b>May 22, 1949</b>   | 9. AGE (In years last birthday) <b>1</b>                                 | IF UNDER 1 YEAR Months Days <b>1</b> |                                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>premature infant</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (State or foreign country) <b>St. Louis City Hospital #1</b>  |  | 12. CITIZEN OF WHAT COUNTRY?         |                                  |
| 13a. FATHER'S NAME <b>Lawrence Russell</b>  |                               | 13b. MOTHER'S MAIDEN NAME <b>Claudia Baysinger</b>   |  | 14. NAME OF HUSBAND OR WIFE <b>McKendrick St. Louis City Hospital</b>    |                                      |                                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)   |                               | 16. SOCIAL SECURITY NO.  | 17. INFORMANT'S SIGNATURE OR NAME <b>✓</b> ADDRESS   |  |                                      |                                  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Premature Birth</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |                                      | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION  |                               | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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) <b>159</b>   |  |                                      |                                  |
| 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? <b>776X</b>   |  |                                      |                                  |
| 22. I hereby certify that I attended the deceased from <b>5/22/49</b> , 19, to <b>5/22/49</b> , 19, that I last saw the deceased alive on <b>5/22/49</b> , 19, and that death occurred at <b>3:45pm</b> m., from the causes and on the date stated above. |                               |  |  |  |                                      |                                  |
| 23a. SIGNATURE (Degree or title) <b>Edward Washington</b>   |                               |  | 23b. ADDRESS <b>1515 Lafayette Ave.,</b>   |  | 23c. DATE SIGNED <b>5/23/49</b>      |                                  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)   | 24b. DATE <b>JUN 30 1949</b>  | 24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>   |  | 24d. LOCATION (City, town, or county) (State)                            |                                      |                                  |
| DATE REC'D BY LOCAL REG. <b>JUN 30 1949</b>   |                               | REGISTRAR'S SIGNATURE <b>J. B. Foster</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Rowland Mortuary Service</b> |                                      |                                  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE MAINLY—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.

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

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