

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5004

FILED JUN 22 1950

BIRTH NO. 29987-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5004

6

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

1. PLACE OF DEATH a. COUNTY <u>Saint-Louis Missouri</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Forest</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves Missouri</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint John's Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>813 N. Forest, 19 1/2 577</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u>		b. (Middle) <u>AYERS</u>	c. (Last) <u>AYERS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 6 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>MAY 1 1950</u>	9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>5</u> IF UNDER 24 HRS. Hours <u></u> Mins. <u></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 (State or foreign country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Mr Oscar Sayers</u>		13b. MOTHER'S MAIDEN NAME <u>BARBARA JOAN KIRK</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Oscar Sayers</u> ADDRESS <u>2271 Blendon Place</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature Birth</u>			<u>35 days</u>
		DUE TO (c) <u>Transfusion Reaction</u>			
		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 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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>491X</u>		
22. I hereby certify that I attended the deceased from <u>June 2</u> , 19 <u>50</u> , to <u>June 6</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>June 6</u> , 19 <u>50</u> , and that death occurred at <u>5 P.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Michael Sulick M.D.</u>			23b. ADDRESS <u>9012 Manchester Rd</u>		23c. DATE SIGNED <u>6-7-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6/7/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Riverswood Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JUN 7 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>G.B. Smith - 7456 Manchester - Maplewood</u>	

Dr. Durlich

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 _____

No Embalmer

Student Embalmer No. _____

working under my personal supervision.

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