

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5911  
1295

BIRTH NO. 9653-51 REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 1005 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> <u>2219</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS MATERNITY HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>21</u> <u>1202 ELLIOTT-AVE.,</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u> b. (Middle) c. (Last) <u>BROWN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEBRUARY 1 51</u>	
5. SEX <u>3</u> <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>U</u>	8. DATE OF BIRTH <u>FEBRUARY 1 51</u>
9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MISSOURI</u> <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>GERALDINE RANKINS</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 ADDRESS
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) <u>Prenatality - approx 22 wks gestation</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>7/16X</u>	
22. I hereby certify that I attended the deceased from <u>FEB. 1</u> , 19 <u>51</u> , to <u>FEB. 1</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>FEB. 1</u> , 19 <u>51</u> , and that death occurred at <u>4:08 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John J. McDonald M.D.</u>		23b. ADDRESS <u>St. Louis Maternity Hosp., St. Louis</u>	23c. DATE SIGNED <u>2-6-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>FEB 9 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	24d. LOCATION (City, town, or county) (State) <u>Rowland Mortuary Svc.</u>
DATE REC'D BY LOCAL REG. <u>FEB 9 1951</u>	REGISTRAR'S SIGNATURE <u>J. B. Foster</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>4104-06 Manchester</u>	

WRITE PLAINLY—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.

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.