

STANDARD CERTIFICATE OF DEATH

38874

State File No. 10561

FILED DEC 8-1951
BIRTH NO. 79554-57

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2269

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1

d. STREET ADDRESS (If rural, give location) 1422 Wright

3. NAME OF DECEASED
a. (First) BABY
b. (Middle)
c. (Last) CRANE

4. DATE OF DEATH (Month) (Day) (Year)
NOV. 7 1951

5. SEX Female
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0
8. DATE OF BIRTH 11-5-51

9. AGE (In years last birthday) IF UNDER 1 YEAR Days 2 IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John

13b. MOTHER'S MAIDEN NAME Reese

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hospital Record

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) Pulmonary Insufficiency
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Post maturity, Atelelectasis
DUE TO (c) Pre Eclampsia Mild.
II. OTHER SIGNIFICANT CONDITIONS
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 YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR 7690

22. I hereby certify that I attended the deceased from 11-5-51, 19__, to 11-7-51, 19__, that I last saw the deceased alive on 11-7-51, 19__, and that death occurred at 1:25 Am., from the causes and on the date stated above.

23a. SIGNATURE Clayton R Brooks (Degree or title)

23b. ADDRESS 1515 Lafayette Avenue

23c. DATE SIGNED 11-7-51

24a. BURIAL, CREMATION, REMOVAL (Specify) 1

24b. DATE NOV 28 1951

24c. NAME OF CEMETERY OR CREMATORY Anatomical Board

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. NOV 28 1951 REGISTRAR'S SIGNATURE Earl Smith M.C.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service 4104 Manchester Ave.

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.....

.....
working under my personal supervision.

Student Embalmer No.....

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 with the above constitutes grounds for revocation of license.)

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