

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42930

State File No.

11560

FILED JAN 16 1952

318

1003

BIRTH NO. 79885-51 REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 1003 Registrar's No.

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5156 a, Kensington Ave.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>2129</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis,</u> d. STREET ADDRESS (If rural, give location) <u>5156 a, Kensington Ave.</u> | |
| 3. NAME OF DECEASED (Type or Print) <u>Lammond</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Fogg</u> <u>12</u> <u>26</u> <u>1951</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>October 21, 1951</u> |
| 9. AGE (In years last birthday) <u>2</u> | | 10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Henry Fogg</u> | | 13b. MOTHER'S MAIDEN NAME <u>Dolly Mae Mayweather</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>None</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | |
| 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Henry Fogg</u> | |
| 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>Subdural Hemorrhage</u> ANTECEDENT CAUSES <u>washer fell while holding child</u> <u>her arms on Dec 25 1951.</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>exact time unknown upon</u> <u>due to my the cause of her</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>wife at 2714 E. Madison Ave</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>Accident</u> | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 21a. ACCIDENT (Specify) <u>Subdural Hemorrhage</u> | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>St Louis Mo</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 25 5:00 p.m.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? <u>rod</u> | | 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:07 A.M.</u>, from the causes and on the date stated above. <u>22</u> | |
| 23a. SIGNATURE <u>Carl Smith M.D.</u> | | 23b. ADDRESS <u>3000 Clark</u> | |
| 23c. DATE SIGNED <u>12-27-51</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | |
| 24b. DATE <u>12/28/51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>St. Louis, County, Missouri</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>C. W. Roberts</u> | |
| 25. FUNERAL DIRECTOR'S ADDRESS <u>1416 N. Taylor Ave.</u> | | DATE REC'D BY LOCAL REG. <u>DEC 27 1951</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 _____

not embalmed

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.