

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42981**

FILED JAN 10 1952  
BIRTH NO. **88098-51** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11402**

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>2329</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</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>		d. STREET ADDRESS (If rural, give location) <b>6719 SUTHERLAND</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. ANTHONY'S HOSP.</b>			3. NAME OF DECEASED a. (First) <b>INFANT</b> b. (Middle) <b>HALE</b> c. (Last)				
4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 22, 1951</b>	5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>DEC. 21, 1951</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min. <b>4</b>		
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) <b>St. Louis Mo</b>			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>LLOYD E. HALE</b>		13b. MOTHER'S MAIDEN NAME <b>INEZ JAMES</b>			
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME <b>LLOYD E. HALE</b>		ADDRESS <b>6719 SUTHERLAND</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
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) <b>Exencephalus</b>  ANTECEDENT CAUSES Morbid 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.				INTERVAL BETWEEN ONSET AND 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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>750X</b>			
22. I hereby certify that I attended the deceased from <b>12-21, 1951</b> , to <b>12-22, 1951</b> , that I last saw the deceased alive on <b>12-21, 1951</b> , and that death occurred at <b>12:05 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>H. B. Dew, M.D.</b>			23b. ADDRESS <b>1446 So. Grand</b>		23c. DATE SIGNED <b>12-22-51</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>12-24-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>oak hill cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>			
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE <b>DEC 24 1951</b> <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>M. J. Coyle</b>		ADDRESS <b>746 Manchester</b>			

*Dr. DePaul  
Grandpa Park -*

**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 *[Signature]*  
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.