

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2545**
Registrar's No. **0190**

FILED JAN 26 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 3 days	
c. CITY (If outside corporate limits, write RURAL and give township) East St. Louis		d. STREET ADDRESS (If rural, give location) 2724 Missouri Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary		4. DATE OF DEATH (Month) (Day) (Year) Jan 3 1952	
3. NAME OF DECEASED (Type or Print) a. (First) Bobby Infant b. (Middle) Anderson c. (Last)		5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	
8. DATE OF BIRTH Dec 31, 1951		9. AGE (In years last birthday) IF UNDER 1 YEAR Months IF UNDER 24 HRS. Days Hours Min. 3	
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) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Clarence John Anderson		13b. MOTHER'S MAIDEN NAME Ida Mae Smith	
14. NAME OF HUSBAND OR WIFE None		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. None		17. INFORMANT'S SIGNATURE OR NAME None	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhagic Disease of Newborn 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 Hemorrhage into Lungs - subarachnoidspace - intestines	
20. AUTOPSY? YES <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 771.0		22. I hereby certify that I attended the deceased from Jan 1, 1952 , to Jan 3, 1952 that I last saw the deceased alive on Jan 3, 1952 , and that death occurred at 11 p. m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Clifford A. Kenwick M.D.		23b. ADDRESS 360 A 80 15th E. St. Louis, Ill.	
23c. DATE SIGNED 1-5-52		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE 7 Jan 1951		24c. NAME OF CEMETERY OR CREMATORY Douglas Cemetery	
24d. LOCATION (City, town, or county) (State) E. St. Louis, Illinois		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Officer	
25. FUNERAL DIRECTOR'S ADDRESS 2114 Missouri Ave E. St. Louis, Ill.		DATE REC'D BY LOCAL REG. JAN 8 1952	
REGISTRAR'S SIGNATURE Earl Smith		REGISTRAR'S ADDRESS 2114 Missouri Ave E. St. Louis, Ill.	

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Ben H. Baldwin

Licensed Embalmer No. 2426

P. O. Address. E. Knoxville

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.