

No. 300-10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15074

State File No.

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

FILED MAY 9 - 1952

BIRTH NO. 231145 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1162

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Richmond Heights</u>	c. LENGTH OF STAY (in this place) <u>2 1/2 hrs</u>	3. CITY OR TOWN <u>Brentwood</u> 4631	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>2601 Brentwood Rd</u>	

3. NAME OF DECEASED (Type or Print) <u>Baby</u>	b. (Middle) <u>Bay</u>	c. (Last) <u>FLORA</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 1 1952</u>
5. SEX <u>MO</u>	6. COLOR OF RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May 1 - 1952</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Richmond Heights</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Harold B. Flora</u>	13b. MOTHER'S MAIDEN NAME <u>Rose Mary Bright</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harold B. Flora</u>	ADDRESS <u>2601 Brentwood Brentwood MO</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Immaturity born 20 wks gestation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Birth</u>
	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 <u>776X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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?

22. I hereby certify that I attended the deceased from 5-1-52, 1952, to 5-2-52 10 43 PM, 1952, that I last saw the deceased alive on 5-1, 1952, and that death occurred at 1043 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Erwin T. Huberud</u>	23b. ADDRESS <u>1101 Thacker Blvd</u>	23c. DATE SIGNED <u>5-2-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 2</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter</u>	24d. LOCATION (City, town, or county) (State) <u>Berkwood MO</u>
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DATE REC'D BY LOCAL REG. <u>5-2-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donker</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Bopp</u>	ADDRESS <u>Berkwood MO</u>
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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 _____

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working under my personal supervision.

Student Embalmer No.

Signed

Not Embalmed

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.