

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18595**
Registrar's No. **4233**

FILED MAY 19 1952

REG. DIST. NO. **318**

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

No. 300
10-48

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. LENGTH OF STAY (In this place) 23	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 8th		d. STREET ADDRESS (If rural, give location) 2114a South 8th	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		3. NAME OF DECEASED a. (First) BABY (MALE) b. (Middle) c. (Last) STOUT	
4. DATE OF DEATH (Month) (Day) (Year) MAY 5, 1952		5. SEX M	
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NM	
8. DATE OF BIRTH April 11, 1952		9. AGE (In years last birthday) Months Days Hours Min. 24	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME George Stout		13b. MOTHER'S MAIDEN NAME Margery Philipps	
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) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME George Stout 2114a South 8th	
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) Transposition of Great Vessels ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congenital Heart Disease 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	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR 75 ft fall		22. I hereby certify that I attended the deceased from 4-11-52 , 19__, to 5-5-52 , 19__, that I last saw the deceased alive on 5-5-52 , 19__, and that death occurred at 10:47A m., from the causes and on the date stated above.	
23a. SIGNATURE A. R. Sharp		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 5-5-52		23d. LOCATION (City, town, or county) (State) Irondale, Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 5-6-52	
24c. NAME OF CEMETERY OR CREMATORY Big River		24d. LOCATION (City, town, or county) (State) Irondale, Mo.	
DATE REC'D BY LOCAL REG. MAY 6 1952		REGISTRAR'S SIGNATURE J. Earl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin		ADDRESS 2301 Lafayette	

(Licensed Embalmer's Statement on Reverse Side)

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 *H. G. Farris* _____

Licensed Embalmer No. *3384* _____

P. O. Address *2301 Lafayette Ave* _____

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.