

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

18800

State File No. ....

No. 300  
10-481

FILED JUN 7 1952

BIRTH NO. 39579 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1399

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MAPLEWOOD 4534</u>	
c. LENGTH OF STAY (in this place) <u>7 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>7246 STANLEY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) <u>Baby Girl #A</u>	a. (First)	b. (Middle)	c. (Last) <u>WAY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5 27 52</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single A</u>	8. DATE OF BIRTH <u>5-27-52</u>	9. AGE (in years last birthday) <u>7</u> <small># UNDER 1 YEAR Months Days</small> <small># UNDER 24 HRS. Hours Min.</small>
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>CLAYTON Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>JOAN WAY</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>JOAN WAY</u> ADDRESS <u>7246 STANLEY MAPLEWOOD</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>prematurity</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>774X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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"/>	21h. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-27, 1952 to 5-27, 1952, that I last saw the deceased alive on 5-27, 1952, and that death occurred at 8:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter W. Johnson</u> (Degree or title)	23b. ADDRESS <u>6018 Brentwood Clayton</u>	23c. DATE SIGNED <u>5-27-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>5-21-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. LOUIS CITY INFIRMERY</u>	24d. LOCATION (City, town, or county) (State) <u>5600 ARSENAL, ST. LOUIS Mo</u>
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DATE REC'D BY LOCAL REG. <u>5-29-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombk MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>St. Louis County Hospital</u> ADDRESS <u>Clayton Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

..... 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.