

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22079

State File No.

Registrar's No. **5810**

No. 300
10-48

FILED JUL 9 1952
BIRTH NO. **38728**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

WRITE PLAINLY—USING UNFADEING 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 <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis Mo</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis 2229</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <i>Booth Memorial Hosp.</i>		d. STREET ADDRESS (If rural, give location) <i>22 1222 Hickory St.</i>	
3. NAME OF DECEASED a. (First) <i>Infant</i> b. (Middle) c. (Last) <i>HAGGARD</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>6-21-52</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>0</i>	8. DATE OF BIRTH <i>6-20-52</i>
9. AGE (In years last birthday) <i>10</i> 10. UNDER 1 YEAR Months <i>10</i> Days <i>15</i>		11. BIRTHPLACE (State or foreign country) <i>0</i>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <i>DAN'L HAGGARD</i>	
13b. MOTHER'S MAIDEN NAME <i>ELIZABETH JEAN WRIGHT</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <i>Daniel Haggard</i>		ADDRESS <i>1222 Hickory</i>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Too premature, Respiratory arrest</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>atalectasis</i> DUE TO (c) <i>Pretermature 24 weeks gestation</i> 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 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? <i>7625</i>		22. I hereby certify that I attended the deceased from <i>June 20, 1952</i> , to <i>June 21, 1952</i> , that I last saw the deceased alive on <i>June 20, 1952</i> , and that death occurred at <i>8:30 Am.</i> , from the causes and on the date stated above.	
23a. SIGNATURE <i>Leroy E. Ellison</i> (Degree or title) <i>M.D.</i>		23b. ADDRESS <i>3610 So Broadway, St. Louis</i>	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <i>JUNE 23-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>MEMORIAL PARK</i>	
24d. LOCATION (City, town, or county) (State) <i>ST. LOUIS COUNTY, MO</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>M. Laughlin</i>	
25. ADDRESS <i>2301 LAFAYETTE</i>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>	

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 *James P. Chapman* _____

Licensed Embalmer No. *4550* _____

P. O. Address *St. Louis, Mo.* _____

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.