

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

25553

State File No. _____

Registrar's No. **6866**

3. No. 300
v. 16.48

JUL 31 1952

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1000	Registrar's No. 6866	
1. PLACE OF DEATH a. COUNTY 1			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY 2289		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 0	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) unk
d. FULL NAME OF HOSPITAL OR INSTITUTION 3rd Childcare			4. DATE OF DEATH (Month) (Day) (Year) 6 16 52		
3. NAME OF DECEASED (Type or Print) a. (First) May		b. (Middle) Ann	c. (Last) Currett	5. AGE (In years) (If under 1 year: Months) (Days) (If under 12 months: Hours) (Min.) 26.53	
6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) unk	8. DATE OF BIRTH unk	9. AGE (In years) (If under 1 year: Months) (Days) (If under 12 months: Hours) (Min.) 26.53	10. KIND OF BUSINESS OR INDUSTRY unk	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unk		10b. KIND OF BUSINESS OR INDUSTRY unk	11. BIRTHPLACE (City and State or Foreign Country) unk		12. CITIZEN OF WHAT COUNTRY unk
13a. FATHER'S NAME unk		13b. MOTHER'S MARRIEN NAME unk	14. NAME OF HUSBAND OR WIFE unk		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, Unknown) (If yes, give number, dates of service) unk		16. SOCIAL SECURITY NO. unk	17. INFORMANT'S SIGNATURE OR NAME ADDRESS V.B. Taylor 1300 Clark		
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) _____			INTERVAL BETWEEN ONSET AND DEATH _____		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart Stroke					
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 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) _____		E9319
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? _____			E9319
22. I hereby certify that I attended the deceased from 10/28 to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above. 46					
23a. SIGNATURE (Degree or title) V.B. Taylor (Doctor)			23b. ADDRESS 1300 Clark		23c. DATE SIGNED 6-24-52
24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE 7-31-52	24c. NAME OF CEMETERY OR CREMATORY Anatomical Board		24d. LOCATION (City, town, or county) (State) _____ St. Louis, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 16 1952 J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service		ADDRESS 501 Manchester Ave.	

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

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Students of Mortuary College Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed James G. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.