

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25727

FILED JUL 24 1952

State File No.

BIRTH NO. 74902 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5026

WRITE PLAINLY—USING UNFADING 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 <u>Mo.</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FERGUSON</u>	
c. LENGTH OF STAY (in this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>193 Young Drive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christian Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James Willard</u> b. (Middle) <u>Douglas</u> c. (Last) <u>DOUGLASS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 1 1952</u>		
5. SEX <u>m. o</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>o</u>	
8. DATE OF BIRTH <u>May 28 1952</u>		9. AGE (In years last birthday) <u>1</u>		IF UNDER 1 YEAR: Months <u>5</u> Days <u>5</u> Hours <u>1</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo o</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Willard Louis Douglass</u>		13b. MOTHER'S MAIDEN NAME <u>Louella Anabelle Ford</u>		14. NAME OF HUSBAND OR WIFE	
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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>o</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Luella Douglass - ABOVE</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital deafness</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>7735</u>	
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22. I hereby certify that I attended the deceased from May 28, 1952, to June 1, 1952, that I last saw the deceased alive on June 1, 1952, and that death occurred at 9:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Quentin B. Beyer, M.D.</u>		23b. ADDRESS <u>609 n. Grand Boulevard</u>		23c. DATE SIGNED <u>4/2/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>6-2-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT-LEBANON CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY MO</u>	
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DATE REC'D BY LOCAL REG. <u>JUN 2 1952</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JAY B SMITH-756 MANCHESTER-MAPLEWOOD</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 _____

..... Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.