.S. No. 300
EV. 10.48

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

FILED OCT 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32864

BIRTH NO. 79301 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8903

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JEWISH HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PINE LAWN #151
d. STREET ADDRESS (If rural, give location): 4700 EDGEWOOD 1

3. NAME OF DECEASED (Type or Print): a. (First) BABY b. (Middle) c. (Last) CURRIE
4. DATE OF DEATH (Month) (Day) (Year): SEPT-22-52
5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 0
8. DATE OF BIRTH: SEPT-20-1952
9. AGE (In years last birthday): If under 1 year: Months / Days 2 / If under 24 hrs.: Hours / 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): ST. LOUIS - MO
12. CITIZEN OF WHAT COUNTRY?:
13a. FATHER'S NAME: GORDON CURRIE
13b. MOTHER'S MAIDEN NAME: DOROTHY McCANN
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):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Gordon Currie ADDRESS: 4700 Edgewood

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Atelectasis - — INTERVAL BETWEEN ONSET AND DEATH: 0 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature Infant -
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 ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 7625

22. *I hereby certify that I attended the deceased from* Sept. 20, 1952, *to* Sept. 22, 1952, *that I last saw the deceased alive on* Sept 22, 1952, *and that death occurred at* 10 AM m., *from the causes and on the date stated above.*

23a. SIGNATURE: Samuel W. Gollub (Degree or title) M.D.
23b. ADDRESS: 4500 Olive St. Louis, Mo
23c. DATE SIGNED:
24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: Sept-24-52
24c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK
24d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY - MO
DATE REC'D BY LOCAL REG.: SEP 24 1952
REGISTRAR'S SIGNATURE: J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: L. B. Tanner ADDRESS: 6101 National Bridge
(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 Not Embalmed, working under my personal supervision.

Student Embalmer No.....

Signed L. B. Tanner

Licensed Embalmer No.....

P. O. Address.....

Signed.....
Student Embalmer

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.