No. 300
10.48

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

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

State File No. 12251

FILED MAR 18 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2297

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital # 1

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2249
d. STREET ADDRESS (If rural, give location) 24 2825a South 13th Street.,

**3. NAME OF DECEASED** (Type or Print)
a. (First) PAULA
b. (Middle)
c. (Last) ROYAL

**4. DATE OF DEATH** (Month) (Day) (Year) Feb. 27 1953

**5. SEX** Female
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Never married
**8. DATE OF BIRTH** May 4, 1951
**9. AGE** (In years last birthday) 1 — If under 1 year: Months 9, Days, Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) None-Infant
**10b. KIND OF BUSINESS OR INDUSTRY** At Home
**11. BIRTHPLACE** (City and State or Foreign Country) St. Louis, Missouri
**12. CITIZEN OF WHAT COUNTRY?** U.S.
**13a. FATHER'S NAME** John Royal
**13b. MOTHER'S MAIDEN NAME** Wilma Childs
**14. NAME OF HUSBAND OR WIFE** Nil
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.** None
**17. INFORMANT'S SIGNATURE OR NAME** John Royal **ADDRESS** 2825a S. 13th Street

**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) Bronchopneumonia — 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) Measles

DUE TO (c) Cardiac decompensation

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?** 0851

22. *I hereby certify that I attended the deceased from* Feb. 25, *1953, to* Feb. 27, *1953, that I last saw the deceased alive on* Feb. 27, *1953, and that death occurred at* 1:12PM *m., from the causes and on the date stated above.*

**23a. SIGNATURE** Homer H. Hanson, MD (Degree or title)
**23b. ADDRESS** 1515 Lafayette
**23c. DATE SIGNED** 2/27/53
**24a. BURIAL, CREMATION, REMOVAL** (Specify) Removal
**24b. DATE** 2-29-53
**24c. NAME OF CEMETERY OR CREMATORY** Local
**24d. LOCATION** (City, town, or county) (State) Piedmont, Mo.
**DATE REC'D BY LOCAL REG.** FEB 28 1953
**REGISTRAR'S SIGNATURE** J. Carl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE** Albert H. Hoppe **ADDRESS** 4700 Washington

(Licensed Embalmer's Statement on Reverse Side)

MAR 1 8 1955

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 Fred J. Farmer

Licensed Embalmer No. 4788

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.