

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34207

State File No.

FILED OCT 15 1953

8707

Registrar's No.

BIRTH NO. 57428

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

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 Mo b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Missouri

c. CITY OR TOWN ST LOUIS

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital

e. STREET ADDRESS (If rural, give location) 1409 St Ange Ave

3. NAME OF DECEASED
a. (First) MARY b. (Middle) EDNA

c. (Last) TRAVIS

4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 7, 1953

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE

8. DATE OF BIRTH JULY 25-1953

9. AGE (In years last birthday) 6

IF UNDER 1 YEAR Days IF UNDER 24 HRS. Hours Min. W H R E S

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS MO

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME VERNON TRAVIS

13b. MOTHER'S MAIDEN NAME PATSY EVANS

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. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vernon Travis 1409 St Ange

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diarrhea, Cause undetermined
ANTECEDENT CAUSES DUE TO (b) Acidosis
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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

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) 571.0

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-25-53, 19, to 9-7-53, 19, that I last saw the deceased alive on 9-7-53, 19, and that death occurred at 4:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Homer H. Hanson, M.D.

23b. ADDRESS 1515 Lafayette Avenue

23c. DATE SIGNED 9-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

24b. DATE 9-8-53

24c. NAME OF CEMETERY OR CREMATORY SIMESTON

24d. LOCATION (City, town, or county) (State) MO

DATE REC'D BY LOCAL REG. SEP 8 1953

REGISTRAR'S SIGNATURE J. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm J. Robert L. U. 1905 S Grand.

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.....
Signature of Student Embalmer

Signed..... *Ronald O Yahara*

Licensed Embalmer No. *3917*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.