

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41211

FILED NOV. 19 1953
BIRTH NO. 85683 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 State File No. 10250
Registrar's No. 10250

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 Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY, (in this place) few minutes	c. CITY OR TOWN East St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION PEOPLES HOSPITAL		e. STREET ADDRESS (If rural, give location) 4236 Baker Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Baby b. (Middle) Marion c. (Last) Steele			4. DATE OF DEATH (Month) (Day) (Year) 10-25-53
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 10-25-53
9. AGE (In years last birthday) 0		10. UNDER 1 YEAR (Months) (Days) 0 00	11. IF UNDER 14 HRS. Hours Min. 0 few
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY infant	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME	
13b. MOTHER'S MAIDEN NAME Martha Steele		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME x Martha Anna Steele
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) Premature Birth (6 months gestation) INTERVAL BETWEEN ONSET AND DEATH 70 minutes ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 0 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 776A		22. I hereby certify that I attended the deceased from 10-25-1953, to 10-25-1953, that I last saw the deceased alive on 10-25-1953 and that death occurred at 9:25 a.m., from the causes and on the date stated above.	
23a. SIGNATURE John Embury M.D. (Degree or title)		23b. ADDRESS 1433 1/2 East	
23c. DATE SIGNED 10/28/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 10-28-53		24c. NAME OF CEMETERY OR CREMATORY Booker Washington	
24d. LOCATION (City, town, or county) (State) East St. Louis, Illinois		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. J. Nash 111 North 13th St.	
DATE REC'D BY LOCAL REG. OCT 28 1953		REGISTRAR'S SIGNATURE	

1000

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 *C. V. Mack*.....

Licensed Embalmer No. *2432*.....

P. O. Address *3847 Page*.....

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.