

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41339

48259  
FILED NOV 19 1953

State File No. 10298

Registrar's No. 1003

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. <u>10298</u>		Registrar's No. <u>1003</u>			
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).						
a. COUNTY <u>St. Louis Mo.</u>		b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis Mo.</u>			c. LENGTH OF STAY (In this place) _____		a. STATE <u>Illinois</u>		b. COUNTY <u>St. Claire</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Childrens Hospital</u>					e. CITY (If outside corporate limits, write RURAL and give township) <u>East. St. Louis, Ill.</u>						
f. STREET ADDRESS (If rural, give location) <u>728 Piggott St.</u>					g. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 20 53</u>						
3. NAME OF DECEASED (Type or Print)			a. (First) <u>DIANE</u>			b. (Middle) <u>Washington</u>			c. (Last) _____		
5. SEX <u>F</u>		6. COLOR OR RACE <u>C</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____		8. DATE OF BIRTH <u>6-14-53</u>		9. AGE (In years last birthday) <u>4</u>		IF UNDER 1 YEAR Months _____	
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, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Willie Washington</u>				13b. MOTHER'S MAIDEN NAME <u>Rosalie</u>				14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>				16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u>				II. OTHER SIGNIFICANT CONDITIONS _____				_____			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES				_____			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Anomalous Left Coronary Artery with Fibroelastosis</u>				_____			
DUE TO (c) _____				_____				_____			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>7544</u>							
22. I hereby certify that I attended the deceased from <u>Oct 1</u> 19 <u>1953</u> to <u>Oct 16</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Oct 20</u> , 19 <u>53</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE _____ (Degree or title) _____				23b. ADDRESS <u>St. Louis Childrens Hosp</u>				23c. DATE SIGNED <u>Oct 21 1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>10-31-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>OCT 30 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary</u>		ADDRESS <u>4704 Manchester</u>					
(Licensed Embalmer's Statement on Reverse Side)											

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

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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.....

P. O. Address.....

**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.**