

FILED DEC 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41433**
11393

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Unknown b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) Unknown	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) Unknown	
d. FULL NAME OF HOSPITAL OR INSTITUTION Doa. City Hospital		2289	
3. NAME OF DECEASED (Type or Print) a. (First) Unknown b. (Middle) White c. (Last) Mary Baby		4. DATE OF DEATH (Month) (Day) (Year) 11/8/53	
5. SEX male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Unknown	
9. AGE (In years last birthday) about 7 days		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Unknown	
12. CITIZENSHIP OF WHAT COUNTRY?		13a. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Unknown		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 Police Dept Central District		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) External Hemorrhage when found dead at the foot of Poplar ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Shaw Nov. 8-1953 at about 4:12 pm DUE TO (c) Domestic at the home of party or parties Unknown	
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.) Unknown		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Unknown E983X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR See above		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, (that I last saw the deceased alive on _____, 19____, and that death occurred on _____, 19____, at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE Joseph M. Smith		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 11/24/53		24. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE 12-31-53		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Kowland-Aker Mortuary Service	
25. ADDRESS 414 E. Manchester Ave. St. Louis 19, Mo.		DATE REC'D BY LOCAL REG. DEC 2 1955	
REGISTRAR'S SIGNATURE J. Carl Smith		DATE SIGNED 11/24/53	

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

2157

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.