

93945-53 STANDARD CERTIFICATE OF DEATH

State File No. 45691
Registrar's No. 1485

BIRTH NO. FILED MAR 4 1954 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 <u>Illinois</u> b. COUNTY <u>St Clair</u>	
b. CITY OR TOWN <u>St Louis Mo.</u>		c. CITY OR TOWN <u>St Louis</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>1000 South 13th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary's Infirmary</u>		8/20 8	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Janet</u> b. (Middle) <u>Traylor</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>12-21-53</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>12-21-53</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>5hrs</u> IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Min.
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Nathan Traylor</u>		13b. MOTHER'S MAIDEN NAME <u>Victoria Cotton</u>	
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 <u>Victoria Traylor</u> ADDRESS <u>St Louis, Mo. 1000 South 13th</u>	
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) <u>Patent inter ventricular & auricular septal defect</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Hemorrhage (Rt)</u> DUE TO (c) <u>Bilateral Pulmonary Atelectasis</u> 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 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>7620</u>		22. I hereby certify that I attended the deceased from <u>7:00 AM 12-21, 1953, to 12-21, 1953</u> , that I last saw the deceased alive on <u>12-21, 1953</u> , and that death occurred at <u>12 p. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Carl Aker</u>		23b. ADDRESS <u>360 Adams St St Louis Mo</u>	
23c. DATED SIGNED <u>12/25</u>		24a. BURNAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>2-27-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE - ADDRESS <u>Rowland-Aker Mortuary Service</u>	
DATE REC'D BY LOCAL REG. <u>FEB 18 1954</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MO</u>	

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.