

FILED AUG 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24404

State File No. _____

BIRTH NO. 4672154 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6330

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brentwood 51</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>8146 Florence</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u> b. (Middle) <u>Corning</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>6-19-54</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>6-19-54</u>
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>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Robert Nathan Corning</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Simmon</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>Mrs. Robert Corning</u> ADDRESS <u>8146 Florence Brentwood 51</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>IMMATURITY</u> ANTECEDENT CAUSES DUE TO (b) <u>PARTIAL PREMATURE PLACENTAL SEP.</u> DUE TO (c) <u>INFARCTION OF PLACENTA</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 type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>7615</u>		22. I hereby certify that I attended the deceased from <u>6-19, 1954</u> to <u>6-19, 1954</u> , that I last saw the deceased alive on <u>6-19, 1954</u> , and that death occurred at <u>8:45 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>8505 Delma Blvd (24)</u>	
23c. DATE SIGNED <u>6-23-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>7-31-54</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 <u>Rowland-Aker Mortuary Service</u> ADDRESS <u>4104 Manchester Ave. St. Louis 10, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JUL 13 1954</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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

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.