

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39432

State File No.

No. 300
10-48

FILED NOV 22 1954

BIRTH NO. 84467-54 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2600

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		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 OR TOWN <u>Clayton, Mo.</u>)		c. LENGTH OF STAY (in this place) <u>40 min.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		c. CITY OR TOWN <u>Robertson</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS (If rural, give location) <u>Fee Fee Rd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby Boy</u> b. (Middle) <u>Edwards</u> c. (Last) <u>Edwards</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 2 54</u>	
5. SEX <u>male</u> 6. COLOR OR RACE <u>colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Nov. 2, 1954</u>		9. AGE (in years last birthday) <u>N.B.</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>40</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Clayton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Abie Edward</u>		13b. MOTHER'S MAIDEN NAME <u>Eula Williams</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>St. Louis County Hospital</u>		ADDRESS <u>Clayton, Mo.</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 (INTERVAL BETWEEN ONSET AND DEATH)	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Birth - 6-7 month gestation</u>			
ANTECEDENT CAUSES DUE TO (b) <u>Atelectasis of Both Lungs</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Hematoma of Scalp.</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"/>		<u>761.5</u>	
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?			
22. I hereby certify that I attended the deceased from <u>11-2</u> , 1954, to <u>11-2</u> , 1954, that I last saw the deceased alive on <u>11-2</u> , 1954, and that death occurred at <u>6:00 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Richard H. King M.D.</u>		23b. ADDRESS <u>601 So. Brentwood</u>	
23c. DATE SIGNED <u>Oct 4-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11/9/54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Louis Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
24e. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE RECD BY LOCAL REG. <u>11/9/54</u>		REGISTRAR'S SIGNATURE <u>Richard H. King</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard H. King</u>		ADDRESS <u>St. Louis Co. Hospital, Brentwood</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.....
Signature of 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.