

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42937

State File No. _____

BIRTH NO. 93822-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10427

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
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>St Louis</u> <u>2069</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Louis Maternity</u>		d. STREET ADDRESS (If rural, give location) <u>1423a Clara Avenue</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wesley</u> b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>November 2 1954</u>
5. SEX <u>Female</u> <u>3</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>---</u>	8. DATE OF BIRTH <u>November 2 1954</u>
9. AGE (In years last birthday)		10. IF UNDER 1 YEAR Months <u>20</u> Days	
11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Fate Bell Wesley</u>		13b. MOTHER'S MAIDEN NAME <u>Erma Lee Wilson</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) <u>---</u>	
16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fate & Erma Wesley 1423a Clara Ave</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Obstruction of fetal circulation, prolapsed cord</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>toxemia of pregnancy, severe</u> DUE TO (c) <u>generally contracted pelvis</u> II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
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>7690</u>		22. I hereby certify that I attended the deceased from <u>Nov 2, 1954</u> , to <u>Nov 2, 1954</u> , that I last saw the deceased alive on <u>Nov 2, 1954</u> , and that death occurred at <u>3:45 Pm.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Lawrence E. May MD.</u>		23b. ADDRESS <u>6305. Kingshighway</u>	
23c. DATE SIGNED <u>11-10-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>11-30-54</u>	
24b. DATE		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 - aka 4109 Mandeville</u>	
DATE REC'D BY LOCAL REG. <u>NOV 17 1954</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.