

STANDARD CERTIFICATE OF DEATH

10489

State File No.

FILED APR 4 1955

BIRTH NO. 11641-55 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 534

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton, Mo.		c. CITY OR TOWN Kirkwood d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital		STREET ADDRESS (If rural, give location) 333 Alsobrook	

3. NAME OF DECEASED (Type or Print) a. (First) Baby Girl b. (Middle) NELSON c. (Last) NELSON	4. DATE OF DEATH (Month) (Day) (Year) Feb 11 1955
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5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 2-10-55	9. AGE (in years last birthday) 19
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) Clayton, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME Oralee Nelson	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME St. Louis County Hosp., Clayton, Mo.	ADDRESS Clayton, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Immature development of brain and lungs		INTERVAL BETWEEN ONSET AND DEATH 19 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity (450 Gms) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atelectasis, bilateral			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 774X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 **2:10**, 19**55**, to **2:11**, 19**55**, that I last saw the deceased alive on **2:11**, 19**55**, and that death occurred at **4:40** A. M., from the causes and on the date stated above.

23a. SIGNATURE Robert P. J. ...	(Degree or title)	23b. ADDRESS 433 Belvedere Lane St Louis 19, Mo	23c. DATE SIGNED 2/12/58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 3/3/55	24c. NAME OF CEMETERY OR CREMATORY St. Louis Crematory	24d. LOCATION (City, town, or county) (State) 5800 Arsenal, St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 3/3/55	REGISTRAR'S SIGNATURE Hebe ...	25. FUNERAL DIRECTOR'S SIGNATURE St. Louis Co. Hospital	ADDRESS St. Louis Co. Hospital
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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.