

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24440

FILED AUG 15 1955

State File No.

BIRTH NO. 53573-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6456

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 MISSOURI b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS | | c. LENGTH OF STAY (in this place) 5 Weeks | | c. CITY OR TOWN ST. LOUIS | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL | | e. STREET ADDRESS (If rural, give location) 23 2204 South 4th. 2239 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) FAYE b. (Middle) LOUISE c. (Last) SURLET | | 4. DATE OF DEATH (Month) (Day) (Year) JULY 26 1955 | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH June 20, 1955 | 9. AGE (In years last birthday) 1 | IF UNDER 1 YEAR Months 6 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT | | 10b. KIND OF BUSINESS OR INDUSTRY NONE | 11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME JAMES SURLET | | 13b. MOTHER'S MAIDEN NAME BERNICE HIDDLESTON | | 14. NAME OF HUSBAND OR WIFE NONE | |
| 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 ADDRESS JAMES SURLET, 2204 S. 4th. | |
| 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) Congenital Heart Disease ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH 7 wks |
| 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) 7544 | |
| 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? | |
| 22. I hereby certify that I attended the deceased from <u>6-20-55</u> , 19 <u> </u> , to <u>7-26-55</u> , 19 <u> </u> , that I last saw the deceased alive on <u>7-26-55</u> , 19 <u> </u> , and that death occurred at <u>9:25A</u> m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE Lon B. Hlink | | (Degree or title) M.D. | | 23b. ADDRESS 1515 Lafayette Avenue | |
| 23c. DATE SIGNED 7-26-55 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 24b. DATE 7-27-1955 | |
| 24c. NAME OF CEMETERY OR CREMATORY National Cemetery | | 24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo. | | | |
| DATE REC'D BY LOCAL REG. JUL 27 1955 | | REGISTRAR'S SIGNATURE J. C. Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin F.H., Inc. 2301 Lafayette | |

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 *James R. Chapman*
Licensed Embalmer No. *40*
P. O. Address *H. Lane*

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.