

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17895**
4912
Registrar's No.

BIRTH NO. **33397-56** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
b. STATE _____ c. CITY OR TOWN **ST. LOUIS, MO.** d. Is Residence within limits of a city or incorporated town? Yes No

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS, MISSOURI** c. LENGTH OF STAY (in this place) **22** d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. LOUIS CITY HOSPITAL #1.** e. STREET ADDRESS (If rural, give location) **1826 CHOUTEAU** **2229/2**

3. NAME OF DECEASED (Type or Print) a. (First) **GLOVER** b. (Middle) **(TONY)** c. (Last) **BABY BOY** 4. DATE OF DEATH (Month) (Day) (Year) **APRIL 13, 1956**

5. SEX **MALE** 6. COLOR OR RACE **NEGRO** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **CHILD** 8. DATE OF BIRTH **APRIL 13, 1956** 9. AGE (In years last birthday) **0** IF UNDER 1 YEAR Months **0** Days **0** IF UNDER 24 Hrs. Hours **4** Min. **0**

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) **ST. LOUIS, MO.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **7/22222 UNKNOWN** 13b. MOTHER'S MAIDEN NAME **JODELL GLOVER** 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 **ST LOUIS CITY HOSPITAL #1.** ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) **MEDICAL CERTIFICATION** I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Prematurity** INTERVAL BETWEEN ONSET AND DEATH **7 hours**

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES 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. _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) **776x**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **4-13**, 19**56**, to **4-13**, 19**56**, that I last saw the deceased alive on **4-13**, 19**56**, and that death occurred at **12:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Don B. Klink, M.D.** 23b. ADDRESS **1515 LAFAYETTE AVE** 23c. DATE SIGNED **4-16-56.**

24a. BURIAL, CREMATION, REMOVAL (Specify) _____ 24b. DATE **5-31-56** 24c. NAME OF CEMETERY OR CREMATORY **Anatomical Board** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **MAY 22 1956** REGISTRAR'S SIGNATURE **J. Earl Smith MO** 25. FUNERAL DIRECTOR'S NAME AND ADDRESS **Rowland-Axel Mortuary Service 4104 Manchester Ave.**

(Licensed Embalmer's Statement on Reverse Side) **MO** **LOUIS 10, MO.**

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.