

Health,
Welfare
Public
Service

300
1-56

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39272

FILED NOV 28 1956

STATE FILE NUMBER

79764-56

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10190

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE			b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			c. CITY OR TOWN ST. LOUIS, MO.		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1.			Length of stay in lb g-2/			d. STREET ADDRESS 2602 LUCAS (If outside, give location)		
3. NAME OF DECEASED (Type or print) BABY BOY			First Middle Last BURKS			4. DATE OF DEATH OCT. 22, 1956		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH OCT. 19, 1956		9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
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 country) ST. LOUIS, MO.		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME WILLIAM			14. MOTHER'S MAIDEN NAME MABEL PHILLIPS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO. NONE			17. INFORMANT ST. LOUIS CITY HOSPITAL RECORDS		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Apala neonatorum</i> <i>Congenital atelectasis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)								INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION			20g. COUNTY STATE		
21. I attended the deceased from 10/19/1956 to 10/22/56 and last saw her alive on 10/22/56 Death occurred at 4:15 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>For B. Clark M.D.</i> (Degree or title)						22b. ADDRESS 1515 LAFAYETTE AVE.		22c. DATE SIGNED 10/26/56
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE 11-30-56	23c. NAME OF CEMETERY OR-CREMATORY Anatomical Board			23d. LOCATION (City, town, or county) St. Louis, Mo. (State)	
24. PREPARATION BY <i>Rowland Aker Mortuary Service</i> ADDRESS 4104 Manchester Ave. St. Louis 10, Mo.				25. DATE RECD. BY LOCAL REG. NOV 8 1956		26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>		

(Licensed Embalmer's Statement on Reverse Side)

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.