

318

1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS		b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. LENGTH OF STAY (in this place) 4 1/2 hrs		c. CITY OR TOWN BENTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CHILDRENS HOSPITAL		e. STREET ADDRESS R. R. #3		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) BABY b. (Middle) GIRL c. (Last) SKINION			4. DATE OF DEATH (Month) (Day) (Year) 12-21-56		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 12-21-56	9. AGE (In years last birthday) 17	IF UNDER 1 YEAR Months Days
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) CHRISTOPHER, ILLINOIS	

12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME MERLE L. SKINION	13b. MOTHER'S MAIDEN NAME FORTUNATA MONARI	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME B. Britton	ADDRESS 500 S. KINGS HIGHWAY
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pre ductal Coarctation of the Aorta		INTERVAL BETWEEN ONSET AND DEATH 16 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.		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 754.5	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) (Min)	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 12-21, 1956, to 12-21, 1956, that I last saw the deceased alive on 12-21, 1956, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Barbara Jones, M.D.	(Degree or title)	23b. ADDRESS 500 S. KINGS HIGHWAY	23c. DATE SIGNED 12-21-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-22-56	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) CHRISTOPHER - ILL.
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DATE REC'D BY LOCAL REG. DEC 24 1956	REGISTRAR'S SIGNATURE Paul Smith	25. FUNERAL DIRECTOR'S SIGNATURE Russell - CHRISTOPHER - ILL.	ADDRESS
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

SENT BY DE SCHWABER FROM MINERS HOSPITAL, CHICAGO TO PHOENIX ILL.

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..... *Homer W. Fruit*

Licensed Embalmer No... *388*

P. O. Address... *St. Louis*

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.