

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6134

FILED FEB 21 1957

State File No.

Registrar's No.

BIRTH NO. 9577-57

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

441

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri			b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 6 days	c. CITY OR TOWN Moline		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 23 St. John's Hospital			STREET ADDRESS (If rural, give location) 27 10440 Duke St. Louis 21, MO					
3. NAME OF DECEASED (Type or Print) a. (First) Bernadine b. (Middle) Marie c. (Last) Duckworth			4. DATE OF DEATH (Month) (Day) (Year) Jan 15 1957					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Jan 9, 1957		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Harold R. Duckworth			13b. MOTHER'S MAIDEN NAME Mary K. Markway			14. NAME OF HUSBAND OR WIFE -----		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ----		17. INFORMANT'S SIGNATURE OR NAME Harold R Duckworth, St. Louis, Mo.				
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) <u>Atelectasis of lungs</u> ANTECEDENT CAUSES <u>Prematurity</u> 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. <u>762.5</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u> <u>6 hrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NO WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Jan 9, 1957</u> , to <u>Jan 14, 1957</u> , that I last saw the deceased alive on <u>Jan 14, 1957</u> , and that death occurred at <u>7:00</u> m., from the causes and on the date stated above <u>1/15/57</u>								
23a. SIGNATURE (Degree or title) <u>St. Jackson Co</u>			23b. ADDRESS <u>MO 634 No Grand</u>			23c. DATE SIGNED <u>1/15/57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 16, 1957	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.			
DATE REC'D BY LOCAL REG. JAN 15 '57		REGISTRAR'S SIGNATURE <u>Realy Smith MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE Collins Mortuary		ADDRESS 10123 St. Chas. Rd		

(Licensed Embalmer's Statement on Reverse Side)

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 *N O Embalming*
Signature of Student Embalmer

Signed *Sheldon Collier*
Licensed Embalmer No. *338*
P. O. Address *10123 St. 10*

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.