

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10273

State File No. ....

FILED MAR 27 1957

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2276

BIRTH NO. 17897-57

WRITE PLAINLY—USING UNFAADING 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 Illinois b. COUNTY St Clair			
b. CITY (If outside corporate limits, write RURAL and give town) St Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN East St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 30 Saint Louis Maternity		e. STREET ADDRESS (If rural, give location) 32 2320 St Louis Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last)		Gaines		4. DATE OF DEATH (Month) (Day) (Year) February 23 1957	
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) -- 0	8. DATE OF BIRTH February 22 1957	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 11 HRS. Hours Min. 1 50	
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 0	
13a. FATHER'S NAME Nathaniel Gaines		13b. MOTHER'S MAIDEN NAME Shirley Marie Stevens		14. NAME OF HUSBAND OR WIFE --	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) --		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Shirley Marie Gaines Above	
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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Prematurity</i> - GESTATION INCOMPATIBLE WITH LIFE - MULTIPLE PREGNANCY ANTECEDENT CAUSES Morbid 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 25 hours
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)	
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 Feb 22, 1957, to Feb 23, 1957, that I last saw the deceased alive on Feb 23, 1957, and that death occurred at 9:15 A. M., from the causes and on the date stated above.					
22a. SIGNATURE (Degree or title) <i>Dr. [Signature]</i>		22b. ADDRESS ST LOUIS MATERNITY HOSPITAL		22c. DATE SIGNED 2-27-57	
22d. BURIAL, CREMATION, REMOVAL (Specify)		22e. DATE 3-30-57		22f. NAME OF CEMETERY OR CREMATORY Anatomical Board	
22g. LOCATION (City, town, or county) St. Louis, Mo.		22h. (State)			
DATE REC'D BY LOCAL REG. MAR 7 57		REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>		22i. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Rowland - Okw 404 Manchester</i>	

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.