

FILED JUL 5 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH57 0 22491  
State File No.

318

1003

5989  
Registrar's No.BIRTH NO. 50847-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5989

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>          </u>	
b. CITY OR TOWN <u>St Louis</u>		c. CITY OR TOWN <u>St Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>30 Saint Louis Maternity</u>		e. STREET ADDRESS (If rural, give location) <u>119 4050 Lincoln Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fayne</u> b. (Middle) <u>          </u> c. (Last) <u>          </u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 19 1957</u>	
5. SEX <u>3</u> <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>          </u>	8. DATE OF BIRTH <u>June 19 1957</u>
9. AGE (In years last birthday) <u>          </u>		IF UNDER 1 YEAR Months <u>          </u> Days <u>          </u>	IF UNDER 24 HRS. Hours <u>8</u> Mins. <u>35</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>          </u>		10b. KIND OF BUSINESS OR INDUSTRY <u>          </u>	11. BIRTHPLACE (City, and State or Foreign Country) <u>St Louis Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Frank Edward Fayne</u>	
13b. MOTHER'S MAIDEN NAME <u>Edna Wolfe</u>		14. NAME OF HUSBAND OR WIFE <u>          </u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>          </u> (If yes, give war or dates of service) <u>          </u>		16. SOCIAL SECURITY NO. <u>          </u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edna Fayne 4050 Lincoln Street</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pulmonary atelectasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hyaline membrane disease</u> DUE TO (c) <u>          </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>prematurity 527.2</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)		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 <u>June 19, 1957</u> , to <u>June 19, 1957</u> , that I last saw the deceased alive on <u>June 19, 1957</u> , and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Erwin Brueck, M.D.</u>		23b. ADDRESS <u>St Louis Maternity Hosp.</u>	
23c. DATE SIGNED <u>6-24-57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>6-29-57</u>	
24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rowland Lee 404 Manchester</u>	
DATE REC'D BY LOCAL REG. <u>JUN 27 57</u>		REGISTRAR'S SIGNATURE <u>          </u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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**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.**