

THE DIVISION OF HEALTH OF MISSOURI  
**FILED JUN 20 1957 STANDARD CERTIFICATE OF DEATH**

770 022978  
 State File No. \_\_\_\_\_

BIRTH NO. 43973-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5429

1. PLACE OF DEATH a. COUNTY <u>St</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis Mo</u>		c. CITY OR TOWN <u>Lovejoy</u>	d. In Residence within limits of a city, incorporated town? Yes <u>B</u> No <u>0</u>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <u>32 610 Madison</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St Marys Infirmary</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Keith</u> c. (Last) <u>Warren</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-9-57</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>negro</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH (Specify) <u>6-9-57</u>
9. AGE (In years last birthday) <u>19</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Loretta Warren</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Loretta Warren</u>	ADDRESS <u>610 Madison St</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>A abrupt Placenta</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>prematurity 24 weeks gestation</u> DUE TO (c) <u>761.5</u>		
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	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 6-9, 1957, to 6-9, 1957, that I last saw the deceased alive on 6-9, 1957, and that death occurred at 10:30 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Blanchard Hollins M D</u>	23b. ADDRESS <u>1536 Papin</u>	23c. DATE SIGNED <u>6-10-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6/10/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Douglas</u>	24d. LOCATION (City, town, or county) (State) <u>Washington Park, Illinois</u>
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DATE REC'D BY LOCAL REG. <u>JUN 11 57</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marion's Office</u>	ADDRESS <u>2114 Missouri Ave East St. Louis, Ill.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *Ben H. Baldur*

Licensed Embalmer No. *242*

P. O. Address *721 N. 26*

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.