

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **37110**
 Registrar's No. **9877**

FILED OCT 29 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY _____ | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 12 hours | | e. STREET ADDRESS (If rural, give location) 358 Christian Ave | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: DePaul Hospital | | | |

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|--|--|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Infant Robert b. (Middle) Lee c. (Last) Ainsworth | | | 4. DATE OF DEATH (Month) (Day) (Year) October 22, 1957 | | |
| 5. SEX male | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) never married | |
| 8. DATE OF BIRTH October 21, 1957 | | 9. AGE (In years last birthday) 12 | | 10. MONTHS 12 HOURS Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME Jackie Ainsworth | | 13b. MOTHER'S MAIDEN NAME Diana Tolley | | 14. NAME OF HUSBAND OR WIFE _____ | |
| 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 ADDRESS Mr. Jackie Ainsworth 358 Christian Ave. | |

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|--|--|---|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis Atelectasis | | II. OTHER SIGNIFICANT CONDITIONS | | 1 day | |
| ANTECEDENT CAUSES Cerebral injury | | Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | day | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (b) Cerebral injury | | | |
| | | DUE TO (c) _____ | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|---|--|--|--|--|--|
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION 760.0 | | 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? _____ | |

I hereby certify that I attended the deceased from **Oct. 21, 1957**, to **Oct. 22, 1957**, that I last saw the deceased alive on **Oct. 22, 1957**, and that death occurred at **4A** m., from the causes and on the date stated above.

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|---|--|---|--|---|--|
| 23a. SIGNATURE E. Gerst (Degree or title) M.D. | | 23b. ADDRESS M.D. 8700 Riverview | | 23c. DATE SIGNED 10-22-57 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 10-23-57 | | 24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery | |
| 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri. | | | | | |

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|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. OCT 22 57 | | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave. | |
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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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 373

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.