

pt. Health,
, & Welfare
S. Public
alth Service

STANDARD CERTIFICATE OF DEATH

FILED MAR 12 1958

47735
STATE FILE NUMBER
31349
Registrar's No.

Registration District No. 317 Primary Registration District No. 349

S. 300
ev. 1-57

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1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE -- b. COUNTY --	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brentwood Clayton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN -- Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hospital		Length of stay in lb DOA	d. STREET ADDRESS (If outside, give location) -- Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) UNKNOWN WHITE MALE INFANT			4. DATE OF DEATH Month Dec. Day 19 Year 1957		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) Unk.	IF UNDER 1 YEAR Months several Days days	IF UNDER 24 HRS. Hours days Min.
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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 country) --	12. CITIZEN OF WHAT COUNTRY? --
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13a. FATHER'S NAME --	13b. MOTHER'S MAIDEN NAME --	14. NAME OF HUSBAND OR WIFE --
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Raymond I. Harris, Coroner	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) E983.X		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> Infanticide	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Body found by refuse hauler in trash can at 1608
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20c. TIME OF INJURY Hour Unk. Month, Day, Year a.m. Unk. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Unk.	20e. CITY, TOWN, OR LOCATION Unk.	COUNTY Unk.	STATE Unk.
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Unk.	20f. CITY, TOWN, OR LOCATION Unk.	COUNTY Unk.	STATE Unk.
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Raymond I. Harris</i> (Degree or title) Coroner	22b. ADDRESS Clayton, Mo.	22c. DATE SIGNED 3/4/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 3-5-58	23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	23d. LOCATION (City, town, or county) (State) St. Louis Mo.
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24. FUNERAL DIRECTOR St. Louis Co. Hosp. Clayton, Mo.	ADDRESS Clayton, Mo.	25. DATE RECD. BY LOCAL REG. 3-5-58	26. REGISTRAR'S SIGNATURE <i>Herbert R. Donke M.D.</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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.