Health, Welfare Public Service

. 300
1-57

FILED MAY 29 1958

THE DIVISION OF HEALTH OF MISSOURI 34119-58

STANDARD CERTIFICATE OF DEATH

58-019555
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5373

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Mary's Infirmary — Length of stay in Ib: 2 hrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2806 Marcus — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Baby girl Middle: Last: Carr

4. DATE OF DEATH: Month 5 Day 16 Year 58

5. SEX: Female

6. COLOR OR RACE: Negro

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 5-16-58

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours 2 / Min.

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): St. Louis Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: James David Carr

13b. MOTHER'S MAIDEN NAME: Vernell Hall

14. NAME OF HUSBAND OR WIFE: Vernell Carr

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Vernell Carr — Address: 2806 Marcus

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): 5 Month Gestation (Prematurity)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Premature Separation of Placenta
DUE TO (c): 7615

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12 35 am to 2 35 am and last saw her/him alive on 5-16-58
Death occurred at 2 35 am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jesse L. Pearson, M.D.

22b. ADDRESS: 260 N. Whittier, St. Louis, Mo.

22c. DATE SIGNED: 5-16-58

23a. BURIAL, CREMATION, REMOVAL (Specify):

23b. DATE: 5-31-58

23c. NAME OF CEMETERY OR CREMATORY: Anatomical Board

23d. LOCATION (City, town, or county): St. Louis, Mo. (State)

24. FUNERAL DIRECTOR — ADDRESS: Rowland-Aker 4104 Manchester

25. DATE RECD. BY LOCAL REG.: MAY 22 '58

26. REGISTRAR'S SIGNATURE: J. Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

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 ..... Signed .....
Signature of Student Embalmer

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.