URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-017456
STATE FILE NUMBER

FILED VS APR 30 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's 2 3849

1. PLACE OF DEATH a. COUNTY	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 ST. LOUIS, MO. — Length of stay in 1b	c. CITY OR TOWN ST.LOUIS,MO — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1 — Inside Limits Yes ☐ No ☐	d. STREET ADDRESS (If outside, give location) 1416 CALIFORNIA — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: BABY GIRL	Middle	Last: WEBSTER		4. DATE OF DEATH	Month: MARCH	Day: 30,	Year: 1960
5. SEX: FEMALE	6. COLOR OR RACE: NEGRO	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 3/30/60	9. AGE (last birthday)	IF UNDER 1 YEAR Months:	Days:	IF UNDER 24 HR Hours: 2 Min.: 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): no	10b. KIND OF BUSINESS OR INDUSTRY: no	11. BIRTHPLACE (City and state or country): ST.LOUIS, MO	12. CITIZEN OF WHAT COUNTRY: U.S.A				
13a. FATHER'S NAME: UNKNOWN	13b. MOTHER'S MAIDEN NAME: ELLA WEBSTER	14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no	16. SOCIAL SECURITY NO.: NO	17. INFORMANT: ST.LOUIS CITY HOSP. #1. Address					

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) Immature — 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) 776X

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 3-20-60, to 3-30-60 and last saw her/him alive on 3-30-60

Death occurred at 11:05 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
W Claseman MD	1515 LAFAYETTE AVE.	3-30-60

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
	4-30-60	Anatomical Board	St. Louis, Mo.

24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Rowland Mortuary Svc.	4104-06 Manchester	APR 7 1960	Hoard Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

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 c 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.