

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

4299-62-016585
STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

FILED MAY 10 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		a. STATE Illinois	b. COUNTY St. Clair
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION The Peoples Hospital		c. CITY OR TOWN E. St. Louis	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS 1731 Cleveland Avenue		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Infant Biggs			4. DATE OF DEATH Month Day Year 4-14-62			
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-14-62	9. AGE (last birthday) Newborn	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min. 2 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Freddie Biggs			13b. MOTHER'S MAIDEN NAME Mozell Moore		14. NAME OF HUSBAND OR WIFE None	
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.		17. INFORMANT Mozell Biggs Address 1731 Cleveland E. St. Louis, Ill.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <i>Prematurity</i>				2 hrs.
DUE TO (b) <i>Premature Delivery</i>				
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <i>Maternal Toxicemia</i>			10 min.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7:69.5			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 4/14/62 to 4/14/62 and last saw him alive on 4/14/62	
Death occurred at 11:10 pm on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <i>E. J. Wurdson</i>	(Degree or title)	22b. ADDRESS 1516 Broadway	22c. DATE SIGNED 4/12/62
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 4-30-62	23c. NAME OF CEMETERY OR CREMATORY Anatomical Board	23d. LOCATION (City, town, or county) St. Louis, Mo.	(State)
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24. FUNERAL DIRECTOR Rowland Mortuary Svc.	ADDRESS 4104-06 Manchester	25. DATE RECD. BY LOCAL REG. APR 26 1962	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>
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DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED
INSTEAD OF
SHOULD READ
BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON



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.