REC'D APR 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 9345

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis, Mo
(d) Street No. St. Lukes Hosp St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 2934

2. PRINT FULL NAME Baby Fountain 535
(a) Residence, No. 447 N Kirkwood Rd. St. N.R. KIRKWOOD. MO.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 1 - 1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, — hrs. or — min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

FATHER
13. NAME James C. Fountain
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evergreen Alabama

MOTHER
15. MAIDEN NAME Elma McCain
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eufaula Ala

17. INFORMANT (ADDRESS) James C. Fountain 447 N. Kirkwood Rd.
18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cem DATE 3-31-38 19
19. FUNERAL DIRECTOR (ADDRESS) Ira Hamilton City Health Dept.
20. FILED MAR 29 1938 19 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 1 - 1938
22. I HEREBY CERTIFY, That I attended deceased from —, 19, to —, 19
I last saw h. Stillborn foetus, 19 Death is said to have occurred on the date stated above, at 809 m. A
The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia of pregnancy in mother (PRE-ECLAMPSIA)	1-27-38
Prematurity	?

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —
(Signed) John W. Recorder, M. D.
(Address) 5535 Delmar

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)