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.

REC'D APR 12 1939

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

791
1003

9157
Do not use this space.

2922

1. PLACE OF DEATH

(a) County ..... / Registration District No. .....

(b) Township ..... / Primary Registration District No. ..... Registered No. .....

(c) or City St. Louis, Mo / (d) Street No. Desloge Hospital 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.

2. PRINT FULL NAME 520 Stillborn ~~Finley~~ Amos

(a) Residence, No. 425 Winston St. NB Lemay 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: Female
4. COLOR OR RACE: White
5. ~~SINGLE, MARRIED, WIDOWED, OR~~ DIVORCED (*write* the word): ~~Divorced~~

~~5A. IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ ~~(OR) WIFE OF~~ Stillborn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 28 1939

7. AGE: YEARS Stillborn | 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 Missouri 0

FATHER
13. NAME: Adam Amos 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo. 0

MOTHER
15. MAIDEN NAME: Opal Finley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lutesville Missouri

17. INFORMANT (ADDRESS): Edw. J. Mueller 428 Winston St. Lemay Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lutesville, Mo DATE 3-28, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Southern Und. Co. 6322 S. Grand

20. FILED ....., 19.... J. F. Budick Local Registrar
MAR 28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Stillborn 3-28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Stillborn, 19...., to ....., 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 214 A m.
The principal cause of death and related causes of importance were as follows:

Unknown — Prenatal death probably occurring several days before parturition.

Date of onset

Other contributory causes of importance:
Prematurity

Name of operation —— Date of ——
What test confirmed diagnosis? —— Was there an autopsy? ——

23. If death was due to external causes (violence), fill in also the following: ——
Accident, suicide, or homicide? —— 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? ——
If so, specify ——
(Signed) Erwin T. Huber, M. D.
(Address) 1325 South Grand Ave

(Licensed Embalmer's Statement on Reverse Side)

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 Wilson Collins, Registered Apprentice No. ..... working under my personal supervision.

Signed Wilson Collins

Licensed Embalmer No. 3887

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.