

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. 33576 Registrar's No. 1573

Registration District No. 184

Primary Registration District No. 200

1. PLACE OF DEATH: (a) County St. Louis (b) City or town Carondelet (c) Name of hospital or institution 505 Kingston Drive (d) Length of stay: In hospital or institution

2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County St. Louis (c) City or town Carondelet (d) Street No. 505 Kingston Drive

3. (a) PRINT FULL NAME Unnamed Baby Washburn 215

3. (b) If veteran, name war *** (c) Social Security No. ***

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased Sept 2 1939 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day 0 0 0 0 hr. - min.

9. Birthplace St. Louis County Mo (City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business Nil

12. Name Richard Washburn 13. Birthplace Bronntown Ill. (City, town, or county) (State or foreign country)

14. Maiden name Rohima Deal 15. Birthplace Vandilia Ill. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Richard Washburn (b) Address 505 Kingston Drive St. Louis

17. (a) Burial (b) Date thereof Sept 4 1939 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director J. H. ... (b) Address 74 210 Michigan Ave

19. (a) SEP 5 1939 (Date received local registrar) (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2 year 1939 hour 8 minute 0 P.M.

21. I hereby certify that I attended the deceased from Sept 2 1939, to Sept 2 1939 that I last saw him alive on no time and that death occurred on the date and hour stated above.

Immediate cause of death Stiel Bone

Due to do not know

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) ho

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? While at work? (Specify type of place) (e) Means of injury

Signature O. J. McNamee (M. D. or other) base Address 760 E Michigan Date signed Sept 2

Duration Physician Underline the cause to which death should be charged statistically.

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.....
.....; Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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