

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Registration District No. **791**
1006 Primary Registration District No. **1006**

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: City Hospital, #1
(d) Length of stay: In hospital or institution Stillborn
In this community Stillborn

NOV 13 1939

3. (a) PRINT FULL NAME Moreno, Baby
3. (b) If veteran, name war X
3. (c) Social Security No. X

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced X
6. (b) Name of husband or wife X
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased October 20, 1939

8. AGE: Years Stillborn
Months _____ Days _____
If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri

10. Usual occupation _____

11. Industry or business X

12. Name Pedro Moreno
13. Birthplace Mexico

14. Maiden name Clara Jaramillo
15. Birthplace Texas

16. (a) Informant's own signature Don Moreno
(b) Address City Hospital, #1

17. (a) Cremation
(b) Date thereof 10-26-39
(c) Place: burial or cremation City Crematory

18. (a) Signature of funeral director John F. Bryson
(b) Address City Hospital #1

OCT 25 1939
Date of registration Registrar's signature J. F. Bryson

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 1923 S. 9th St.
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20,
year 1939 hour 11:05 minute _____ P. M.
21. I hereby certify that I attended the deceased from October 20,
1939 to October 20, 1939
that I last saw her alive on October 20, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Stillborn
Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(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 _____

23. Signature John F. Bryson (M. D. or other)
Address 1515 Lafayette 10/24/39

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 with the above constitutes grounds for revocation of license.)

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