

STANDARD CERTIFICATE OF STILLBIRTH  
COMBINATION BIRTH AND DEATH CERTIFICATE

State File No. **4332A**

FILED FEB 7 1940

Registration District No. 297 Primary Registration District No. 3-0-16 5414 Registrar's No. 1

**1. PLACE OF STILLBIRTH:**  
(a) County Franklin  
(b) City or town Washington, Missouri  
(If outside city or town limits, write RURAL and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, give street number or location)  
(d) Mother's stay before delivery in hospital or institution No  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF MOTHER:**  
(a) State Missouri  
(b) County Franklin  
(c) City or town Washington, Mo.  
(If outside city or town limits, write RURAL)  
(d) Street No. \_\_\_\_\_  
(If rural, give location)

**PRINT** 453  
3. Name Charles Boland (Stillborn)  
4. Date of stillbirth Dec. 24 1939  
(Month) (Day) (Year)  
5. Sex: Male  
6. Twin or triplet? No If so—born 1st, 2d, or 3d \_\_\_\_\_  
7. Number months of pregnancy 9  
8. Is mother married? Yes

**PRINT** **FATHER OF CHILD**  
9. Full name Louis Boland  
10. Color or race White  
11. Age at time of this birth 39 yrs.  
12. Birthplace Washington, Mo.  
(City, town, or county) (State or foreign country)  
13. Usual occupation Merchant  
14. Industry or business Feed Store

**PRINT** **MOTHER OF CHILD**  
15. Full maiden name Emma Bolzenius  
16. Color or race White  
17. Age at time of this birth 33 yrs.  
18. Birthplace Beaufort, Mo.  
(City, town, or county) (State or foreign country)  
19. Usual occupation Housekeeping  
20. Industry or business At home

21. Children born to this mother: (Not including this stillbirth)  
(a) How many children of this mother are now living? 4  
(b) How many children were born alive but are now dead? none  
(c) How many other children were born dead? one

22. Mother's usual mailing address Washington, Missouri

23. Did child die before labor? Yes During labor?   
24. Pregnancy, complications of None  
25. Labor: (a) Complications of Placenta Previa  
(b) Induced? No  
26. (a) Was there an operation for delivery? No  
(b) State all operations, if any None (Yes or No)  
(c) Did child die before operation? No or during operation? No

27. Cause of stillbirth (state only morbid conditions causing fetal death. Do not use such terms as prematurity, asphyxia, etc.):  
(a) Fetal causes V  
(b) Maternal causes hemorrhage  
28. I hereby certify that I attended the birth of this child who was born dead at the hour of 10 A.M. on the date above stated.  
Signature S. F. Goodrich M.D.  
(Specify if M. D., or other)  
Address Washington, Mo.

29. (a) Informant Physician in attendance  
(b) Address Washington, Mo.  
30. (a) Burial, cremation, or removal burial (b) Date 2/24/39  
(Month) (Day) (Year)  
(c) Place of burial or cremation Washington  
31. (a) Signature of funeral director Henry White  
(b) Address Washington, Mo.

32. (a) Statement of local registrar or coroner if physician was not present at stillbirth  
(b) Signature \_\_\_\_\_ Title \_\_\_\_\_  
33. Date filed with local registrar Jan. 16 - 1940  
34. Registrar's own signature H. L. May 270

WRITE PLAINLY—UNFADING BLACK INK—MAKE A PERMANENT RECORD

Form No. 140  
SM  
8-40

36

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**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.**