

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

10-39  
K21492

Registration District No. 791 Primary Registration District No. 1003

FILED MAR 12 1940

**1. PLACE OF DEATH:**

(a) County St. Louis  
 (b) City or town St. Louis  
 (c) Name of hospital or institution: Rear 3428 Lawton St  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

**3. (a) PRINT FULL NAME** Unknown Col INFANT

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced nil

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

7. Birth date of deceased Jan 29 1939  
 (Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
		<u>1</u>	hr. _____ min.

9. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

10. Usual occupation nil

**MOTHER FATHER**

11. Industry or business \_\_\_\_\_

12. Name Unknown

13. Birthplace "  
 (City, town, or county) (State or foreign country)

14. Maiden name "

15. Birthplace "  
 (City, town, or county) (State or foreign country)

16. (a) Informant Police Dept 9th Dist  
 (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof 1-8-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington D.C.

18. (a) Signature of funeral director W. Richter  
 (b) Address 3500 Rufin

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 (Date of burial or cremation) (City, town, or county)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State unk (b) County \_\_\_\_\_  
 (c) City or town unk XXX  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. unk  
 (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 12 day 29  
 year 1939 hour 7 minute 40 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Exposure  
Body found in  
alley in the rear of  
3428 Lawton

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None - Cause and manner of death  
 (Include pregnancy within 3 months of death)

Major findings of operations of same kind as to

Of autopsy Open Verdict

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Open Verdict  
 (b) Date of occurrence 1  
 (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? 4

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
 (b) Means of injury \_\_\_\_\_

23. Signature Joseph M. Richter (M. B. or other)  
 Address Deputy Date signed \_\_\_\_\_

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

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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 with the above constitutes grounds for revocation of license.)**

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