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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20528

Registration District No. 791 FILED JUL 27 1940 Primary Registration District No. 1003 Registrar's No. 5476

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 hrs. 8 mins. (Specify whether years, months or days) In this community 10 hrs. 8 mins.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits write "RURAL")

(d) Street No. ~~4533~~ 3322 Klein (If rural, give location)

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

3. (a) PRINT FULL NAME Baby Walter 436

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased May 18, 1940 (Month) (Day) (Year)

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

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

10. Usual occupation Nil.

11. Industry or business Nil.

FATHER 12. Name Francis Walter

FATHER 13. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

MOTHER 14. Maiden name Florence De Clue

MOTHER 15. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Ann Morrison

(b) Address City Hospital, #1

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6-28-40 (Month) (Day) (Year)

(c) Place: burial or cremation City Crematory

18. (a) Signature of funeral director W. G. White

(b) Address City Hospital

19. (a) JUN 28 1940 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19. year 1940 hour 4:20 minute A. M.

21. I hereby certify that I attended the deceased from 19 40 to May 19, 1940; that I last saw h alive on May 19, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Newborn - Premature

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? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 8411 (Specify type of place)

While at work? (e) Means of injury

23. Signature John F. Flynn (M. D. or other)

Address 1515 Lafayette Date signed 5/28/40

(Licensed Embalmer's Statement on Reverse Side)

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

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.