

No. 2  
10-39  
17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30192  
Registrar's No. 7469

Registration District No. 791 Primary Registration District No. 1003

RECEIVED OCT 25 1940

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis Children's Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County NR.  
(c) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL")  
(d) Street No. 242 Nickey St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

8. (a) PRINT FULL NAME Womack, James Patrick

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced child

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

7. Birth date of deceased 8-24-40  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 11 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Poplar Bluff, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Child

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

12. Name Marshall

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

14. Maiden name Willie Talley

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

16. (a) Informant mother

(b) Address 416 S. Kings Highway

17. (a) Burial (b) Date thereof 9/6/40  
(Burial, cremation, or returned) (Month) (Day) (Year)

(c) Place: burial or cremation POP LAR BLUFF

18. (a) Signature of funeral director To Green Crox

(b) Address Poplar Bluff

19. (a) SEP 5 1940  
(Date received local registrar)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 4  
year 40 hour 11 minute 12 P.M.

21. I hereby certify that I attended the deceased from 8-27  
1940, to 9-4-1940,  
that I last saw him alive on 9-4- 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Spina bifida  
Perpetigo contagiosum 3 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

Duration  
3 days  
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?

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

23. Signature R. J. Blatter (M. D. or other)  
Address 500 South Kings Highway Date signed 9-5-40

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

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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.....

*Not Embalmed*, 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.**