

3-40  
7-30  
U.S. DEPT. OF COMMERCE  
BUREAU OF THE CENSUS

JAN 8 1941 784

Registration District No. \_\_\_\_\_

Primary Registration District No. 101

Registrar's No. 2294

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 hrs. 5 min.  
In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Lemay  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4655 Heidelberg  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

Cantrell, Baby Boy

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Dec. 3 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
15 hr. 5 min.

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

10. Usual occupation nil.

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

12. Name James Ernest Cantrell

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

14. Maiden name Florence Dutton

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

16. (a) Informant uncle, Roy Adams

(b) Address 8209 Zlatich St. St. Louis County

17. (a) Burial (b) Date thereof 12-5-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address Hecher & Helderle

19. (a) DEC 5 1940 St. Louis County Hospital  
(Date received from) (City, town, or county)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4  
year 1940 hour 2 minute :45 P.M.

21. I hereby certify that I attended the deceased from 12-3-40  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_ 12-4-40 \_\_\_\_\_, 19\_\_\_\_;

that I last saw h. im alive on 12-4-40 \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Duration  
7-8 Mo

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

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

Other conditions  
(Include pregnancy within 3 months of death)

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

Of autopsy Prematurity & atelectasis  
both lungs

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) \_\_\_\_\_

(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)  
(e) Means of injury \_\_\_\_\_

23. Signature St. Louis County Hospital

Address \_\_\_\_\_ Date signed 12/5/40

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

MOTHER FATHER

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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, fact should be so stated above.**