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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 675
Registrar's No. 675

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME

Infant Bay

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 Infant

6. (b) Name of husband or wife Infant

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased Jan. (Month)

1941 (Day) (Year)

8. AGE:

Years 0 Months 0 Days 0

If less than one day 3 hr. min.

9. Birthplace

St. Louis
(City, town, or county)

Missouri
(State or foreign country)

10. Usual occupation

Infant

11. Industry or business

MOTHER FATHER

12. Name Robert Bay

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

14. Maiden name Charlene Highley

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

16. (a) Informant

Robert Bay

(b) Address Bunker, Mo.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 1/22/41
(Month) (Day) (Year)

(c) Place: burial or cremation Bunker, Mo.

18. (a) Signature of funeral director

Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) JAN 21 1941
(Date received local registrar)

(b) J. H. Prudeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 90
(c) City or town Bunker NR 00
(If outside city or town limits, write "RURAL") 0
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

January day 21st

year 1941 hour 6 minute 4 M.

21. I hereby certify that I attended the deceased from January 20 1941 to January 21 1941;

that I last saw him alive on January 21st 1941; and that death occurred on the date and hour stated above.

Immediate cause of death

Premature birth 7 mos

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? _____

While at work? _____

(Specify type of place)

(e) Means of injury 0

23. Signature

B. E. Matlock

(M. D. or other) MD

Address 4030 Chouteau Dr

Date signed 1-21-41

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.....

Erig W Wilkinson

Licensed Embalmer No.

3595

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.