

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

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:
St. Louis Children's Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 Hrs
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME McCart, Alameda
3. (b) If veteran, name war: Infant 3. (c) Social Security No. _____

4. Sex F 5. Color or race C 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 9-8-40
(Month) (Day) (Year)

8. AGE: Years _____ Months 4 Days 19 If less than one day hr. _____ min. _____

9. Birthplace St. Louis, MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business _____

MOTHER FATHER { 12. Name Luther
13. Birthplace _____ / Miss
(City, town, or county) (State or foreign country)
14. Maiden name Marie Pewe
15. Birthplace _____ / Miss
(City, town, or county) (State or foreign country)

16. (a) Informant swedder

(b) Address 416 S. Kingshighway

17. (a) Burial (b) Date thereof 1/27/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Bros

(b) Address 713 E. Chestnut
19. (a) JAN 27 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____ 000
(c) City or town St. Louis 2217
(If outside city or town limits, write "RURAL")
(d) Street No. 2220 S Hickory 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 27
year 41 hour 5-50 minute A M.
21. I hereby certify that I attended the deceased from 1-26
_____, 1941, to 1-27 _____, 1941;
that I last saw her alive on 1-27 _____, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Capillary Bronchitis
diffuse Broncho-pneumonia
Due to Parental R. tuberc. & Acidosis
Due to GA
Other conditions (include pregnancy within 3 months of death) 111

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

Major findings: Of operations _____
Of autopsy diffuse Broncho-pneumonia

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? _____
(Specify type of place)
While at work? _____ (a) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address 124 W. Kingshighway Date signed _____

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.....

No 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, fact should be so stated above.