S. No. 2
4-13-40
5-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 955

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 955

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: Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1hr. 20min. In this community Life
(Specify whether years, months or days)

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. 1013 Ohio St 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Baby Gatlin

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

4. Sex M 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 Nov (Month) 4 (Day) 1940 (Year)

8. AGE: Years | Months | Days | If less than one day 1 hr. 20 min.

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

10. Usual occupation _____

11. Industry or business _____

FATHER 12. Name Palmus Gatlin

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

MOTHER 14. Maiden name Ostria (Unknown)

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

16. (a) Informant Florence A. Spotts

(b) Address 2601 N Whittier

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-41 (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director Ira Hamilton

(b) Address City Health Dept

19. (a) JAN 29 1941 (Date received local registrar) (b) J. M. Bredech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4 year 1940 hour 11:35 minute P.M.

21. I hereby certify that I attended the deceased from 11-4-40 at 10:15 p.m. 1940 to 11-4-40 at 11:35 40 that I last saw him alive on Nov 4, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Newborn
Congenital Atelectasis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy As above

Duration

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 G. E. Peace (M. D. or other)

Address 2601 N Whittier Date signed 11-7-40

(Licensed Embalmer's Statement on Reverse Side)

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.