

REG. DIST. NO. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Missouri

(c) Name of hospital or institution:
St. Louis City Hospital #1 (Specify whether
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hrs. 49 mins.
In this community 3 hrs. 49 mins.
years, months or days)

3. (a) PRINT FULLNAME Baby Guinan

3. (b) If veteran, name war Newborn

3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced / Newborn

6. (b) Name of husband or wife Newborn

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

7. Birth date of deceased January 5, 1941
(Month) (Day) (Year)

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

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

10. Usual occupation Nil.

11. Industry or business Nil.

MOTHER FATHER { 12. Name Louis Guinan

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

14. Maiden name Mildred Osborn

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

16. (a) Informant Ann Morrison

(b) Address St. Louis City Hospital #1.

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

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director W. J. White

(b) Address City Hospital NO. 1

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 2317
(If outside city or town limits, write "RURAL")

(d) Street No. 2622 Lafayette Avenue 9
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month January day 5,
year 1941 hour 10:55 minute A. M.

21. I hereby certify that I attended the deceased from January
5, 19 41, to January 5, 19 41
that I last saw her alive on January 5, 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to 1st

Due to 1st

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Prematurity

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

23. Signature W. D. Hawker (M. D. or other)
Address 1515 Lafayette Avenue Date signed 1/5/41

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.