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No. 2
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

9306

791

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 2716

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 16 hrs. 15 mins.
 (Specify whether
 In this community. 16 hrs. 15 mins
 years, months or days)

3. (a) PRINT FULL NAME Baby Myers

3. (b) If veteran, name war. No

3. (c) Social Security No. Unknown

4. Sex Female / race White

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 March 10, 1941
 (Month) (Day) (Year)

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

16 hr. 15 min.

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

10. Usual occupation Nil.

11. Industry or business. Nil.

12. Name Harold Myers

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

14. Maiden name Eleanor Wolf

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) Cremation (b) Date thereof 3 27-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. City Crematory

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

(b) Address City Hospital #1

19. (a) MAR 26 1941 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town..... St. Louis 23
 (If outside city or town limits, write "RURAL") 000

(d) Street No. 823a Russell 19
 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11,
 year 1941 hour 4:15 minute A. M.

21. I hereby certify that I attended the deceased from March
10, 1941 to March 11, 1941
 that I last saw her alive on March 11, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Prematurity

Due to..... 159

Due to.....

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. Haisher (M. D.) 0
1515 Lafayette Ave.,
 Address Date signed 3/13/41

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.