

No. 2  
-1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27151  
State File No. 6943  
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

492  
00  
17  
9  
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..... 5 1/2  
(Specify whether  
In this community..... 1 Day  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000

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

(d) Street No. 1008 Hickory  
(If rural, give location)

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

3. (a) PRINT FULL NAME..... Baby Queen

3. (b) If veteran, name war..... --

3. (c) Social Security No. .... --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... August day..... 17  
year..... 1941 hour..... 9:45 minute..... P. M.

4. Sex..... Male (1) race..... White

5. Color or divorced..... Single

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... 16-1941 years (Day) (Year)

7. Birth date of deceased..... Aug 16-1941  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... 8-16, 1941, to..... 8-17, 1941  
that I last saw him..... alive on..... August 17, 1941  
and that death occurred on the date and hour stated above.

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

1 Day hr. min.

Immediate cause of death..... Intercranial Hemorrhage

Due to..... Ventrol Tear a

Due to.....

Other conditions..... 160  
(Include pregnancy within 5 months of death)

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

10. Usual occupation..... Nil

11. Industry or business.....

12. Name..... William Queen

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

14. Maiden name..... Meriel Henager

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

Major findings:  
Of operations..... none

Of autopsy..... same

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

16. (a) Informant..... Margaret Burke  
(b) Address..... City Hospital #1

17. (a)..... (b) Date thereof..... 8 28-41  
(Month) (Day) (Year)

(c) Place: burial or cremation..... By Cremation

18. (a) Signature of funeral director..... W. J. White  
(b) Address..... City Hospital #1

19. (a) AUG 27 1941 (Date received local registrar)  
(b) W. J. White (Registrar's signature)

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. J. White (M. D. or other)  
Address..... City Hospital #1 Date signed..... 8/21/41

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**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.**