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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 9 1942

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. P11

State File No. 43035

Registrar's No. 2665

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town ST. LOUIS Rich Hgts
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
O ST. MARY'S HOSPITAL
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MISSOURI (b) County 17

(c) City or town ST. LOUIS 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2338 S. COMPTON 1
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME BABY PHILIP OJILE

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

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

4. Sex O MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

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

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

7. Birth date of deceased DEC. (Month) 13 (Day) 1941 (Year)

8. AGE: Years | Months | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace ST. LOUIS (City, town, or county) Mo. O (State or foreign country)

10. Usual occupation — NIL —

11. Industry or business .....

FATHER
12. Name PHILIP OJILE
13. Birthplace ..... (City, town, or county) KANSAS 1 (State or foreign country)

MOTHER
14. Maiden name RUTH DAVIS
15. Birthplace ..... (City, town, or county) MISSOURI O (State or foreign country)

16. (a) Informant PHILIP OJILE

(b) Address 2338 S. COMPTON

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

(c) Place: burial or cremation NEW ST. PETER & PAUL

18. (a) Signature of funeral director Thos. Kutis & Son

(b) Address 2906 Gravois

19. (a) DEC 29 1941 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 28 year 1941 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 28, 1941, to Dec 9, 1941; that I last saw him alive on Dec 9, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Prematurity	15 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Bronchopneumonia	2

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Major findings:
Of operations .....
Of autopsy .....

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature J. P. Costello (M. D. or other)

Address Ward Arts Bldg Date signed Dec 9/41

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(Licensed Embalmer's Statement on Reverse Side)

4952
Mary Land
Ann Costello

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 Leo Budde, Registered Apprentice No. ....., working under my personal supervision.

Signed Leo Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis, MO

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.