

FILED MAR 17 1947 91

Registration District No. ....

Primary Registration District No. **1002**

Registrar's No. **1854**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis Children's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 hours  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 2020  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1716 Blegans  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME BABY BOY ANDERSON  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 30  
year 42 hour 9 minute 30 A.M.  
21. I hereby certify that I attended the deceased from 1-29  
1942 to 1-30 1942  
that I last saw him live on 1-30 1942  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race Negro  
6. (a) Single, widowed, married, divorced S  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased January 29 1942  
(Month) (Day) (Year)

Immediate cause of death: Respiratory + Cardiac retro cerebral  
Due to: Immaturity  
Possible intracranial birth injury  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 19  
Major findings: 101  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 28 hr. \_\_\_\_\_ min.  
9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_  
12. Name Robert Anderson  
13. Birthplace Saint Louis, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Thelma McGowan  
15. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

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

16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_  
17. (a) Released to Anatomical Board 1-30-42  
(Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)  
(c) Place: burial or cremation St. Louis  
18. (a) Signature of funeral director W. Richter  
(b) Address 3520 Rutger St.  
19. (a) FEB 27 1942 (b) J. E. Bredeck  
(If filed in local office) (Registrar's signature)

23. Signature R. J. Blotter (M. D. or other)  
Address M. N. Ruppberg Date signed \_\_\_\_\_

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

MOTHER FATHER

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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.**