

State File No.

Registrar's No.

FILED JUN 10 1942

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Saint Louis Maternity Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hrs 05 min.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 7546 Wayne Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME Infant Girl Burns

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1942 hour 6 minute 35 A.M.

21. I hereby certify that I attended the deceased from May 4,
1942, to May 4, 1942;
that I last saw her alive on May 4, 1942;
and that death occurred on the date and hour stated above.

3. (b) If veteran, name war..... (c) Social Security No.....

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced.....

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

7. Birth date of deceased: May 4 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 hr. 05 min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name Lawrence Joseph Burns

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

14. Maiden name Dorothy Mae Regal

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

16. (a) Informant Saint Louis Maternity Hospi

(b) Address 630 South Kingshighway

17. Anatomical (b) Date thereof MAY 29 1942
(Burial, cremation, or removal)

(c) Place: burial or cremation Dept of Pathology

18. (a) Signature of funeral director Washington University

(b) School of Medicine

19. (a) MAY 29 1942 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

Immediate cause of death Permaternity (28 wks gestation)

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations.....

Of autopsy.....

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 J. F. Bredack (M. D. or other) 0
Address 3720 Washington Date signed 5/5/42

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Malone

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.