

18904

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUN 22 1942

Registration District No. 104

Primary Registration District No. 101

Registrar's No. 1306

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 51 Hrs. 10 Min.  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. Mt. Pleasant & Lackland  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME Baby Girl Autry

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 13, 1942  
year 3:30 PM. hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex Female / 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 6 10 1942  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-11-42, 1942, to 6-13-42, 1942; that I last saw her alive on 6-13-42, 1942; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
			<u>3</u>	_____ hr. _____ min.

9. Birthplace Creve Coeur Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

Immediate cause of death Prematurity

Due to \_\_\_\_\_

Due to \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Hammond Autry

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

14. Maiden name Lula Belle Adams

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

16. (a) Informant's own signature Hammond Autry

(b) Address S. Maryland Heights

17. (a) Burial (b) Date thereof 6-15-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fee Fee Cem.

18. (a) Signature of funeral director Baumman Bros

(b) Address 2504 Warden Rd. Overland

19. (a) JUN 15 1942 (b) W. M. [Signature]  
(Date received) (Year) (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 P. B. Vatter (M. D. or other) MD

Address St. Louis County Hospital 6-15-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39  
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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.....

*Was not Embalmed*

....., Registered Apprentice No.....

working under my personal supervision.

Signed: *Oscar F. Mueller*

Licensed Embalmer No. *3039*

P. O. Address *Overland 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, above space should be left blank.**