

JUL 20 1942 791
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. LOUIS CHILDREN'S HOSP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 62 days
(Specify whether
In this community yes
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St Louis 23 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 2722 South 10th St
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILSON, SANDRA LOU

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race WHITE 6. (a) Single widowed, married, divorced 0

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 10 years (Day) (Year)

7. Birth date of deceased MAY 10 - 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 2 3 hr. min.

9. Birthplace ST. LOUIS MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business NONE

12. Name John Wilson

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

14. Maiden name Van Vines

15. Birthplace Reynolds Co. MO. 0
(City, town, or county) (State or foreign country)

16. (a) Informant John Wilson

(b) Address 2722 South 10th

17. (a) Burial (b) Date thereof July 14 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Emmanuel

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) JUL 14 1942 (b) J. F. Medek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 13
year 1942 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from 5-12-42
3 45 PM 1942 to 7-13-42 7 15 PM 1942

that I last saw h. aw alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death

Spike Bifida
Due to meningococci

Due to _____
Other conditions (Include pregnancy within 3 months of death) 157

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? _____

While at work? _____ (Specify type of place) (e) Meantime injury 0

23. Signature A. L. Barnett (M. D. or other) _____

Address _____ Date signed _____

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

MOTHER FATHER

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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette a

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.