388
S. No. 2
—9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22742

HEB AUG 6 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6387

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 12hrs. (Specify whether In this community 12hrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 2417

(d) Street No. 1316 Lynch St. (If rural, give location) 9

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

If yes, name country 0

3. (a) PRINT FULL NAME Audrey Louise Fiessinger

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife Newborn

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

7. Birth date of deceased July 19, 1942 (Month) (Day) (Year)

8. AGE: Years --- Months --- Days --- If less than one day 12 hr. --- min.

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

10. Usual occupation Nil.

11. Industry or business Nil.

FATHER
12. Name Audrey Fiessinger
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Helen McGarvey
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Ann Morrison

(b) Address St. Louis City Hospital

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7-30-42 (Month) (Day) (Year)

(c) Place: burial or cremation City Crematory

18. (a) Signature of funeral director W. T. White

(b) Address City Hospital No. 1

19. (a) (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20, year 1942 hour 12:15 minute A. M.

21. I hereby certify that I attended the deceased from July 19, 1942, to July 20, 1942; that I last saw her alive on July 20, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity - 6 mo.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations Confirmation only
Of autopsy

Duration

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 C. S. Meeker (M. D. or other)

Address 1515 Lafayette Ave. Date signed 7/20/42

844 (Licensed Embalmer's Statement on Reverse Side)

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.