

FILED DEC 1 1942
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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: Rebecca General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 hrs (Specify whether years, months or days)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Willis
(c) City or town Centralia
(If outside city or town limits, write "RURAL")
(d) Street No 477 Bicknell St. (If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Baby Halloway (unnamed)

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

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

7. Birth date of deceased Nov. 9 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 24 hr. & 30 min. If less than one day

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name Marian Halloway

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

16. (a) Informant Rebecca General Hospital

(b) Address St. Louis

17. (a) Burial (b) Date thereof 11/24/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Ray Adams

(b) Address City Health Dept

19. (a) NOV 24 1942 (b) J F Beedeck
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10th
year 1942 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 9 to Nov. 10 (8 PM) 1942
that I last saw her EV alive on Nov 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure
Due to Pneumonia 3 lbs 5 oz
1500 Gr

Other conditions (Include pregnancy within 3 months of death) 159

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 Beedeck (M. D. or other) 11-1-42
Address 1122 Mission Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

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.