

S. No. 2
M-9-4-41
ev. 5-17-39
I X29484

FILED JAN 13 1943 18

Registration District No.

Primary Registration District No. 1002

Registrar's No. 10949

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 O.C. CHILDREN'S HOSP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 hrs. 15 min.
(Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County St. Louis 96
(c) City or town St. Louis Maplewood 36
(If outside city or town limits, write "RURAL")
(d) Street No. 7324 FLORAVE - NR.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BABY GIRL TOWNSEND

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

4. Sex FEMALE 5. Color or race WH 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased 11 (Month) 19 (Day) 42 (Year)

8. AGE: Years Months Days If less than one day
8 hrs. 0 min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name VINCENT TOWNSEND, M
13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name ADELE McDONALD
15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant M. W. KIMMEL
(b) Address 500 S. KENTON ST. ST. LOUIS 11

17. Anatomical Board (b) Date thereof 12-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Anatomical Board

18. (a) Signature of funeral director J. F. Prudech
(b) Address 3500 Parkway

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 19
year 42 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from 11 - 19
1942 to 11 - 19, 1942
that I last saw h. ER. alive on 11 - 19, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
Intra cranial hemorrhage

Due to

Due to 159

Other conditions (Include pregnancy within 3 months of death)

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. Prudech (M. D. or other) J. F. Prudech
Address 200 S. Kingshighway

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.