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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED MAR 25 1943
318

Registration District No.

Primary Registration District No. 1003

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. 2 Days
9 hrs. 13 mins. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 3811 Easton Avenue
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Baby Hallenbeck

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

7. Birth date of deceased. February 21, 1943
(Month) (Day) (Year)

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

9 hr. 13 min.

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

10. Usual occupation. Newborn

11. Industry or business. Newborn

12. Name. Ray Hallenbeck

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

14. Maiden name. Stella (Unknown)

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

16. (a) Informant. Ann Morrison
(b) Address. St. Louis City Hospital.

17. (a) Cremation (b) Date thereof. 3-19-43
(Month) (Day) (Year)

(c) Place: City Crematory

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

(b) Address. City Hospital No. 1

19. (a) MAR 10 (b) J. F. Brueck
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, day 22, year 1943 hour 4:25 minute P. M.

21. I hereby certify that I attended the deceased from February 21, 1943 to February 22, 1943; that I last saw her alive on February 22, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death
Premature newborn

Due to.....

Due to.....

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. [Signature] (M. D. or other)

Address. 1515 Lafayette Avenue, Date signed 2/23/43

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.