

LED MAY 7 1943
Registration District No. **818**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Saint Louis Maternity Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day 7 Hours
In this community 1 Day 7 Hrs. 20 Min. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1101 Glasgow Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Infant Female Wilson Waters

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

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

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

7. Birth date of deceased March 2, 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 1 If less than one day 7 hr. 20 min.

9. Birthplace Saint Louis Missouri
(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 Hattie Waters

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

16. (a) Informant Saint Louis Maternity Hospi

(b) Address 630 S. Kingshighway

17. (a) Cremation (b) Date thereof APR 29 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington University

18. (a) Signature of funeral director Department of Pathology

(b) Address W. R. R. 1

19. (a) APR 29 1943
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1943 hour 4 minute 35 P. M.

21. I hereby certify that I attended the deceased from March 2, 1943 to March 3, 1943; that I last saw her alive on March 3, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death possible intracranial damage

Due to birth trauma

Due to _____

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

Major findings: Of operations _____

Of autopsy no definite cause of death determined

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. W. Veivers (M. D. or other) _____

Address 230 S. Kingshighway Date signed 3-4-43

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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.