

Registration District No. **318**

Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **000**  
**175**

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

(d) Street No. **5562 Clemens Ave.,**  
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **Infant Marcia Jane Settle.**

3. (b) If veteran, name war **none.**

3. (c) Social Security No. **none.**

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 **November 12th, 1943.**  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day **1 1/2** hr. \_\_\_\_\_ min.

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

10. Usual occupation **Infant.**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Myron C. Settle.**

{ 13. Birthplace **Lake Wood, Ohio.**  
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Betty Jane Curry.**

{ 15. Birthplace **Topeka, Kansas.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr M. C. Settle.**

(b) Address **5562 Clemens Ave.,**

17. (a) **cremation.** (b) Date thereof **11/17/43.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Crematory.**

18. (a) Signature of funeral director **C.R. Lupton & Sons.**

(b) Address **#7233 Delmar Boulevard.**

19. (a) **11-17-43** (b) **J. J. Prineas**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **12th,**  
year **1943.** hour **3<sup>00</sup>** minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from **11/12**  
**1943.** to **11/12** **1943**  
that I last saw her alive on **11/12** **1943;**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Intercranial hemorrhage**

Due to **Intercranial injury (Birth)**

Due to \_\_\_\_\_

Other conditions **None**  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

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?  
While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature **Richard P. Bell** (M. D. or other A. D.)

Address **4500 Olive St.** Date signed **11/16/43**

Dr Franz Arzt.  
4952 Maryland Ave.,  
RO:- 6510.  
1 - 3.

10052

10052

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 Bradford A. Miles

NOT EMBALMED.

Licensed Embalmer No. 2901

P. O. Address University City, Mo.

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.