DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20075

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5083

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Marys Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community 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. 3533 Laclede Avenue
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 10

3. (a) PRINT FULL NAME Baby Nace

3. (b) If veteran, name war ----

3. (c) Social Security No. Infant

4. Sex Male 2

5. Color or race Col

6. (a) Single, widowed, married, divorced -0

6. (b) Name of husband or wife ------

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

7. Birth date of deceased June 1, 1944 (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 1 hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Mercle Ederton
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Virgie Lee Nace
15. Birthplace Pine Bluff (City, town, or county) Arkansas 1 (State or foreign country)

16. (a) Informant Vivian Williams
(b) Address 3533 Laclede Avenue

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/2/44 (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis, Ill

18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclede Avenue

19. (a) JUN 2 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th year 1944 hour 4 A.M. minute M.

21. I hereby certify that I attended the deceased from June 15th, 1944, to June 15th, 1944 that I last saw her alive on 2-29, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis — Duration 2 hrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 161

Major findings:
Of operations

Of autopsy

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? (Specify type of place)
While at work (e) Means of injury

23. Signature T. Jones (M. D. or other)
Address 6330 Franklin Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed Registered Apprentice No. ..... working under my personal supervision.

Signed K. M. C. Green Funeral

Licensed Embalmer No. .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.