

FILED OCT 6 1944
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 newborn
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County MU.
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1158a Walton Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Baby Millstone #1.
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 22nd
year 1944 hour 9 minute 25 P.M.

4. Sex female 5. Color or race white
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 August 21st, 1944
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug. 21st, 1944, Aug. 22nd, 1944
that I last saw h. OR alive on Aug. 22nd, 1944
and that death occurred on the date and hour stated above.

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

Immediate cause of death prematurity
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
Duration _____

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

11. Industry or business _____
12. Name ?
13. Birthplace ?
(City, town, or county) (State or foreign country)
14. Maiden name Goldie Millstone
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

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

16. (a) Informant Renard
(b) Address St. Louis City Hospital
17. (a) _____ (b) Date thereof 9-28-44
(Special, cremation, co-cremation) (Month) (Day) (Year)
(c) Place: Burial or cremation City Crematory
18. (a) Signature of funeral director W.G. White
(b) Address City Hospital
19. (a) SEP 27 1944 (b) _____
(Date received local registrar) (Registrar's signature)

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 _____
3. Signature K.P. Schlademan (M. D. or other) _____
Address 1315 Lafayette Date signed 8/23/44

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

MOTHER FATHER

844

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.