

Registration District No. 317

Primary Registration District No. 3063

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Clayton, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one day (Specify whether
In this community 21 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town So Kinloch
(If outside city or town limits, write "RURAL")
(d) Street No. 57 Fifth Avenue
(If rural, give location)
(e) Citizen of foreign country? Yes (or No)
If yes, name country USA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-10-1945
year _____ hour 11 minute AM M.
21. I hereby certify that I attended the deceased from 1-
9 1945 to 1-10-1945, 19____;
that I last saw her alive on 1-10-1945, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death asphyxia Duration _____

3. (a) PRINT FULL NAME

Baby Girl Petty

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

4. Sex F 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 1-9-1945
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Mack Petty
13. Birthplace West Point Miss. (City, town, or county) (State or foreign country)
14. Maiden name Nora Thompson
15. Birthplace Westpoint Miss. (City, town, or county) (State or foreign country)

16. (a) Informant Mack Petty
(b) Address 57 Fifth Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-45
(Month) (Day) (Year)

(c) Place: burial or cremation Dashington P.K.

18. (a) Signature of funeral director Boyer Bro.

(b) Address St. Louis

19. (a) 1/10/45 (Date received local registrar) (b) Dr. J. McSweeney (Registrar's signature)

Due to Asphyxia neonatorum

Due to _____

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

Major findings: Of operations 6/6
Of autopsy _____
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 0

Signature J. Meyer (M. D. or other)
Address St. Louis County Hosp. Date signed 1-10-45

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

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3

96
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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.....

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.