

S. No. 2  
-12-45  
5-17-39  
1 X47070

FILED OCT 7 1946

STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8264

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.  
(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-Max C. Starkloff  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution newborn  
(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. 1861 Genard St.,  
Memorial (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Infant BABY BOY ALBERT

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

4. Sex male 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 September 14th, 1946  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 hr. 35 min.

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

10. Usual occupation nil

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

MOTHER FATHER { 12. Name Melvin

13. Birthplace Rudford, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Mildred Neel

15. Birthplace Rudford, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant M. Renard

(b) Address St. Louis, Missouri

17. (a) \_\_\_\_\_ (b) Date thereof 9 26 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: City Crematory

18. (a) Signature of funeral director W. H. White

(b) Address City Hospital, No. 1

19. (a) SEP 26 1946 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14th  
year 1946 hour 6:51 minute \_\_\_\_\_ P \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 9/14/46  
to Sept. 14th, 19 46  
that I last saw him alive on Sept. 14th, 19 46  
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital heart disease  
Duration \_\_\_\_\_

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

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

23. Signature Janet Kelmady, M.D.  
Address 1515 Lafayette Date signed 9/16/46

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

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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.....  
....., 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.**