

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1946
Registration District No. **318**

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38343
State File No. _____
Registrar's No. **10065**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis
(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. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 1/2 hours
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County St. Clair 977
(c) City or town E. St. Louis 11
(If outside city or town limits, write "RURAL") NR 11
(d) Street No. 1410 Central (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME BABY MAE ELLA ANDREWS
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female 5. Color or race Col.
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 20, 1946
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>1 hr. 30 min.</u>

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation None

11. Industry or business Infant
12. Name Albert Andrews
13. Birthplace Tupelo, Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Mable Clark
15. Birthplace E. St. Louis, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Andrews
(b) Address 1410 Central Ave
17. (a) Removal (b) Date thereof 11-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Booker Washington

18. (a) Signature of funeral director C. J. Nash
(b) Address 3844 Page Blvd
19. (a) NOV 26 1946 (Date received local registrar)
J. F. Bredeek (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 20
year 1946 hour 11 minute A. M.
21. I hereby certify that I attended the deceased from 11-20, 1946, to 11-20, 1946
that I last saw her alive on 11-20, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Immaturity
Duration 1 1/2 hrs
Due to _____
Due to 157
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 J. Maclean (M. D. or other) _____
Address 1500 S. 2nd St. St. Louis Date signed 11/21/46

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

MOTHER FATHER

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.....

Clinton M. Nash Registered Apprentice No. 424
working under my personal supervision.

Signed C. J. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Page

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.