

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **339081**
9746
Registrar's No. _____

TUED DEC 2 1946
Registration District No. _____

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. Marys Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Baby Scurlack
3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race negro 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: Nov 13 1946
(Month) (Day) (Year)

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

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER

12. Name Charles Scurlack

13. Birthplace Mounts Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Laverne Johnson

15. Birthplace Pulaska Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Scurlack

(b) Address Madison Ill

17. (a) Removal (b) Date thereof Nov 15 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St Louis Ill

18. (a) Signature of funeral director J. Marshall

(b) Address 2205 No. Ave East St Louis Ill.

19. (a) NOV 15 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison 991
(c) City or town Madison 11
(If outside city or town limits, write "RURAL")
(d) Street No. Apt 196 Viola Jones Homes
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) NP 2
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14
year 1946 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from Nov 13
1946, 19 Nov 14, 19 Nov 14
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity (6 1/2 mos) Duration 9 hrs

Due to _____
Due to 159
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) (c) Means of injury _____

23. Signature J. Jackson (M. D. or other) _____
Address N 202 1/2 E 20th St Date signed 11/14/46

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Ben. H. Baldurin

Licensed Embalmer No. 2490

P. O. Address East St. Louis, Ill.

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.