

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

**FILED FEB 10 1947**  
 Registration District No. **378**

Primary Registration District No. **1003**

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

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 - ax C. Starkloff**  
 (If not in hospital or institution, write street number or location) **Memorial**  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (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. **1123 Rutger St**  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Harold P ~~BABY MALE~~ TRAVIS**  
 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: **1/4/47**  
 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days      | If less than one day |
|---------|-------|--------|-----------|----------------------|
|         |       |        | <b>16</b> | hr. min.             |

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

10. Usual occupation **Child**

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

12. Name **Raymond Travis**

13. Birthplace **Cleveland** **Ohio**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Frances** ?

15. Birthplace **Norfolk** **Va**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Raymond Travis**  
 (b) Address **1123 Rutger St**

17. (a) **Burial** (b) Date thereof **1/30/47**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Robert J. Ambruster Inc**  
 (b) Address **6633 Clayton Road**

19. (a) **1947-2-9-1947** **J. F. Brebeck**  
 (Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Jan.** day **20th**  
 year **1947** hour **7:35** minute **P** M.  
 21. I hereby certify that I attended the deceased from **1/4/47**  
 \_\_\_\_\_, 19\_\_\_\_, to **1/20/47**, 19\_\_\_\_;  
 that I last saw him alive on **1/20/47**, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
**Atelostasis**  
**Diarrhea / neonatal**  
**Organital Hemolytic Jaundice**

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) **119**

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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? **at school** means of injury **1**

23. Signature **1515 Lafayette** **1/21/47**  
 Address Date signed

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

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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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, Mo.*

**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.**