

FILED APR 25 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3893**

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:
City Hospital #1 Max C. Starkloff Mem.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 weeks
 (Specify whether life)
 In this community life
 years, months or days

3. (a) PRINT FULL NAME HAROLD EUGENE STOTTS

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 3, 1947
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 1 9 hr. min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Harold E. Stotts

13. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Helen Buck

15. Birthplace Paris, Texas
 (City, town, or county) (State or foreign country)

16. (c) Informant Helen Stotts

(b) Address 2923 No. Ninth Street

17. (a) burial (b) Date thereof 4-14-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) APR 1 1947 (b) J. F. Medeck
 (Date received local registrar) (Registrar's signature)

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. 2923 No. Ninth Street
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th
 year 1947 hour 10:50 minute _____ M.

21. I hereby certify that I attended the deceased from March 18th, 1947 to April 12, 1947
 that I last saw him alive on April 12, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death possible plasma transfusion reaction? Duration _____

Due to Diarrhea due to undetermined cause

Due to Bilal. Otitis media acute

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? own father's yard Date of injury _____
 23. Signature 1515 Lafayette (M. D. or other) _____
 Address _____ Date signed _____

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

Signed

J P Cooper

Licensed Embalmer No. *3637*

P. O. Address *2301 Lafayette*

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.