

No. 300
1-10-47
5-17-39
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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2987
Registrar's No. 986

FILED FEB 9 1948
Registration District No. 318

Primary Registration District No. 100

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

3: (a) PRINT FULL NAME Infant Raymond
3. (b) If veteran, name war..... 3. (c) Social Security No.
4. Sex Fem. 5. Color or race Negro 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased 1 11 48
(Month) (Day) (Year)

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

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER
12. Name 9
13. Birthplace (City, town, or county) (State or foreign country) 7
14. Maiden name Mae Dorothy Raymond
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Ellen Mary Sheward, R.N.
(b) Address 2601 N. Whittier

17. (a) Anatomical Board (b) Date thereof JAN 31 1948
(Burial, cremation or removal) (Month) (Day) (Year)
(c) Place: burial or cremation.....

18. (a) Signature of funeral director ROWLAND
(b) Address 4104 MANCHESTER

19. (a) (Date received local registrar) (b) J. F. Burdick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 1020 Atchinson Pl. (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 13
year 1948 hour 4 minute 15 A.M.
21. I hereby certify that I attended the deceased from 6:30 A.M.
1-11- 1948 to 4:15 A.M. 1948
that I last saw h. er. alive on 1-13- 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity 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 0
23. Signature W. J. Burdick (M. D. or other).....
Address 2601 N. Whittier 1-14-48 Date signed

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.