

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS**

CERTIFICATE OF DEATH

674
Do not use this space.

1. PLACE OF DEATH Saint Louis Maternity Hospital
 (a) County..... Registration District No. 791
 (b) Township..... Primary Registration District No. 1003
 (c) City Saint Louis, Missouri (d) Street No. Registered No. 530
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 2. PRINT FULL NAME Infant Freddy
 (a) Residence, No. Salvation Army Home 3340 Marine Street Bauxite Ark. St. W.P.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1 - 6 - 38
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Stillborn
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Saint Louis, Missouri (STATE OR COUNTRY)

FATHER 13. NAME unknown
 14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Fay Freddy
 16. BIRTHPLACE (CITY OR TOWN) Bauxite, Arkansas (STATE OR COUNTRY)

17. INFORMANT Fay Freddy (ADDRESS) Bauxite Arkansas

18. BURIAL, CREMATION OR REMOVAL PLACE Washington DATE 12-17-38

19. FUNERAL DIRECTOR (ADDRESS) St. Louis Maternity Hospital

20. FILED JAN 17 1938 J. E. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 6 - 1938
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:20 p.m.
 The principal cause of death and related causes of importance were as follows:

Stillborn 4 1/2 Wks Gestation
 Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury..... 19____
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify (Signed) H. Hauptman, M. D.
 (Address) St. Louis Maternity Hosp.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)