

REC'D JUN 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17205
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 3

(b) Township St. Louis Primary Registration District No. 1000

(c) City St. Louis (d) Street No. La Route City Hospital Registered No. 4739

(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.

2. PRINT FULL NAME Unknown Male Baby

(a) Residence, No. Unknown St. XX (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Not

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 5/13/39

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 8 mos Gestation

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Not

9. Industry or business in which work was done, as saw mill, bank, etc. Not

10. Date deceased last worked at this occupation (month and year) Not

11. Total time (years) spent in this occupation Not

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) John Meyer P.D. 3926 Eastman

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Ann's DATE 5-25-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Proctor Bros 3029 Lafayette Ave

20. MAY 20 1939 19 39 J.B. Bruders Local Registrar

No other certificate of death

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/13 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Premature Birth; apparently still born. Found dead in the Mississippi River at the foot of 7th FILLMORE St 5:20 P.M.

Other contributory causes of importance: on May 13 1939 at about 5:20 P.M.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? O.V. 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? No

If so, specify _____

(Signed) John W. Quinn, R. D. Deputy Coroner

(Address) _____

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

THIS IS 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.....

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

Not Embalmed

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, above space should be left blank.