

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

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.

JUL 12 1939

791
1008

Registration District No. _____

Primary Registration District No. _____

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: St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME Baby Elam 4571

8. (b) If veteran, name war no 3. (c) Social Security No. 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 June 22, 1939
(Month) (Day) (Year)

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

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

10. Usual occupation nil

11. Industry or business nil

12. Name John Elam

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

14. Maiden name Dim Wyatt

15. Birthplace Neosho, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Elam - Father

(b) Address 2217 Oregon, St. Louis, Mo.

17. (a) burial (b) Date thereof June 24, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Luth. Cemetery

18. (a) Signature of funeral director C. Hoffmeister & Co.

(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) JUN 23 1939 (b) J. P. Brubaker
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town City of St. Louis 23
(If outside city or town limits, write "RURAL")
2217 Oregon Avenue
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1939 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from 4 45 PM
6/22/1939 to 6/22/1939
that I last saw him alive on 6/22/1939
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity (6 weeks)

Due to Cause not known

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underlines 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 _____

23. Signature W. F. Neer (M. D. or other) _____
Address 3115 D. Grand Date signed 6/23/39

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.

B A B Y
N O T
E M B A L M E D

.....
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.