

REG'D JUL 12 1939
Registration District No. **791**

Primary Registration District No. _____

Registrar's No. **5762**

1. PLACE OF DEATH: **1008**
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Saint Bernard 5600 So. Lewis
(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 1

3. (a) PRINT FULL NAME Unknown Fetus
3. (b) If veteran, _____ **3. (c) Social Security** _____
name war _____ No. _____

4. Sex Male **5. Color or race** White **6. (a) Single, widowed, married, divorced** nil

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

7. Birth date of deceased June 6 - 9 - 39
(Month) (Day) (Year)

8. AGE: Years _____ Months 3 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Unknown
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown **9**

11. Industry or business nil **9**

12. Name Unknown **9**

13. Birthplace _____ (City, town, or county) (State or foreign country) **9**

14. Maiden name _____

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

16. (a) Informant's own signature J. M. Quinn **3** Assistant Registrar

(b) Address 1111 N. 20th St. St. Louis

17. (a) _____ **(b) Date thereof** 9-10-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. R. Kuhn

(b) Address 1111 N. 20th St. St. Louis

19. (a) 1111 N. 20th St. St. Louis **(b)** J. B. Debeck
(Date filed with local registrar) (Registrar's Name)

2. USUAL RESIDENCE OF DECEASED:
(a) State Unknown (b) County _____
(c) City or town Unknown **1008**
(If outside city or town limits, write "RURAL")
(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 6 day 9
year 1939 hour 9 minute 00 **P. M.**
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Spontaneous Abortion
Due to Apparently Still Born
Due to Causes Unknown

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

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 _____)
(e) Means of injury _____
23. Signature Joseph M. Quinn (M. D. or other) _____
Address Deputy Coroner **Date signed** _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

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. USE UNFADING BLACK INK—MAKE 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.

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.