

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.

**791**

Registration District No. **1008** Primary Registration District No. **3**

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **St. Louis**  
(c) Name of hospital or institution: **Grand Dead - 901 N. Harrison**  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_ years, months or days

**RECD SEP 14 1939**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **apparently Mo** (b) County \_\_\_\_\_  
(c) City or town **apparently St. Louis**  
(d) Street No. **Unknown**  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

3. (a) PRINT FULL NAME **Unknown Male Infant**  
3. (b) If veteran,  name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **6** day **22**  
year **1939** hour **2** minute **20 P. M.**

4. Sex **Male** Color or race **Col**  
6. (a) Single, widowed, married, divorced **nil**  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive **21** years

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.

7. Birth date of deceased **Grand Dead 6-21-1939**  
(Month) (Day) (Year)

Immediate cause of death **Body Badly Decomposed**  
Due to **Grand Dead 6/22/39 9:20 P. M. at 901 N. Harrison**

8. AGE: Years \_\_\_\_\_ Months **April 21** Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Other conditions **cause and extent of some decomposition**  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name **Unknown**  
13. Birthplace **Unknown**  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**

Major findings: **Open Vein**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

16. (a) Informant's own signature **Lawrence Judge**  
(b) Address **1314 Temple**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide or homicide (specify) **Open Vein**  
(b) Date of occurrence \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? \_\_\_\_\_

18. (a) Signature of funeral director **W. K. ...**  
(b) Address **3100 Rutledge**

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

19. (a) **AUG 1 1939** (b) **J. D. ...**  
(Date received local registrar) (Registrar's signature)

23. Signature **Deputy ...** Date signed **6/29**  
Address \_\_\_\_\_

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**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.**