

Registration District No. 701

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County 1003
 (b) City or town St Louis
 (c) Name of hospital or institution: St Marys Infirmary
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 hours
 (Specify whether years, months or days) 6 hours

8. (a) PRINT FULL NAME Baby Richardson ²⁶³8. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years7. Birth date of deceased Aug 5 1939
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day 6 hr. 45 min.9. Birthplace East St Louis Ill.
(City, town, or county) (State or foreign country)10. Usual occupation Infant

11. Industry or business _____

12. Name Wm Richardson13. Birthplace Oskola Miss.
(City, town, or county) (State or foreign country)14. Maiden name Eugene Taylor15. Birthplace Moberly City Miss.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Wm Richardson(b) Address 1534 E. Broadway East St Louis Ill.17. (a) Removal (b) Date thereof Aug 7 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation East St Louis Ill.18. (a) Signature of funeral director J. D. [Signature](b) Address 2205 Mo. Ave. East St Louis Ill.19. (a) AUG 7 1939 (b) J. D. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County St Clair
 (c) City or town East St Louis NR
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1534 East Broadway
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6
year 1939 hour 40 minute 45 A. M.21. I hereby certify that I attended the deceased from Aug 5 - 1939 to Aug 6 - 1939
that I last saw her alive on Aug 15 1939
and that death occurred on the date and hour stated above.Immediate cause of death Premature Birth
6 months term
Due to Spontaneous Delivery
Duration 6 1/2 hrsDue to _____
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 place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____Address 1433 East Broadway Date signed 8/7/39

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 me

Chas. Gaines Registered Apprentice No. 2349
working under my personal supervision.

Signed Chas. Gaines
Licensed Embalmer No. 2349

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.