

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

**34567**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County NOV 13 1939 / Registration District No. **791**  
 (b) Township / Primary Registration District No. **1003**  
 (c) City ST. LOUIS (d) Street No. BETHESDA HOSPITAL St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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** RICE, BABY BOY 300

(a) Residence, No. 3651 Vista Ave St. 18 (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) INFANT

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29-1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, No. hrs. or min. 45

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Newborn  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

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 FLORENCE RICE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) J. KESTON MISSOURI

17. INFORMANT FLORENCE RICE, MOTHER (ADDRESS) IRIS DILLON, ST. LOUIS

18. BURIAL, CREMATION, OR REMOVAL CITY CEMETERY DATE 10-26-39

19. FUNERAL DIRECTOR (ADDRESS) Ira Hamilton City Health Dept.

20. F. OCT 25 1939 (Address) J. F. Grech Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT. 29 19 39

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on September 29, 1939. Death is said to have occurred on the date stated above, at 4:30 A.M.

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

Prematurity  
 159  
 Other contributory causes of importance:

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? \_\_\_\_\_ 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?  
 If so, specify \_\_\_\_\_

(Signed) Eugene Pitts II M. D.  
 (Address) 3649 Vista, St. Louis, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

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**STATEMENT-BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**