

JAN 12 1940

STANDARD CERTIFICATE OF STILLBIRTH
(COMBINATION BIRTH AND DEATH CERTIFICATE)

State File No. 42041

Registration District No. 1013

Primary Registration District No.

Registrar's No. 11164

1. PLACE OF STILLBIRTH:

- (a) County: St. Louis 1
- (b) City or town: St. Louis
(If outside city or town limits, write RURAL and name of township)
- (c) Name of hospital or institution: Christian Hospital
(If not in hospital or institution, give street number or location)
- (d) Mother's stay before delivery in hospital or institution: 1 day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF MOTHER:

- (a) State: Missouri 1
- (b) County: St. Louis
- (c) City or town: St. Louis 7
(If outside city or town limits, write RURAL)
- (d) Street No.: 4942 Farlin
(If rural, give location)

PRINT

3. Name: Infant Johnson 525
4. Date of stillbirth: 12 28 39
(Month) (Day) (Year)
5. Sex: female
6. Twin or triplet: no If so—born 1st, 2d, or 3d.
7. Number months of pregnancy: _____
8. Is mother married? _____

PRINT

FATHER OF CHILD

9. Full name: Thomas A Johnson
10. Color or race: W
11. Age at time of this birth: 41 yrs.
12. Birthplace: Quincy Iowa
(City, town or county) (State or foreign country)
13. Usual occupation: Railway Express
14. Industry or business: _____

PRINT

MOTHER OF CHILD

15. Full maiden name: BOONIE BULLINER
16. Color or race: W
17. Age at time of this birth: 40 yrs.
18. Birthplace: CARTERSVILLE Ill
(City, town or county) (State or foreign country)
19. Usual occupation: Housewife
20. Industry or business: _____

21. Children born to this mother: (Not including this stillbirth)

- (a) How many children of this mother are now living? 5
- (b) How many children were born alive but are now dead? none
- (c) How many other children were born dead? 1

22. Mother's usual mailing address: 4942 Farlin Ave. St. Louis Mo.23. Did child die before labor? _____ During labor? yes

24. Pregnancy, complications of: _____

25. Labor: (a) Complications of: Prolonged 1st stage
cord (b) Induced? no26. (a) Was there an operation for delivery? yes (Yes or No)(b) State all operations, if any: Tareps(c) Did child die before operation? before during operation?29. (a) Informant: Thomas A. Johnson(b) Address: 4942 Farlin30. (a) Burial, cremation, or removal: burial (b) Date: 12 29 39
(Month Day Year)(c) Place of burial or cremation: Memorial Park31. (a) Signature of funeral director: W. Miller(b) Address: 4259 Lindell Blvd.

27. Cause of stillbirth (state only morbid conditions causing fetal death. Do not use such terms as prematurity, asphyxia, etc.):

- (a) Fetal causes: _____
- (b) Maternal causes: _____

28. I hereby certify that I attended the birth of this child who was born dead at the hour of _____ m. on the date above stated.

Signature: H. Bulliner

(Specify if M.D., or other)

Address: 7074 Union St.

32. (a) Statement of local registrar or coroner if physician was not present at stillbirth: _____

(b) Signature: J. B. Buller33. Date filed with local registrar: DEC 29 1939

34. Registrar's own signature: _____

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.