

Registration District No. 1002

Primary Registration District No. _____

Registrar's No. 34

1. PLACE OF DEATH:

(a) County 3
 (b) City or town St. Louis
 (c) Name of hospital or institution: Enroute City Hospital #1
 (If outside city or town limits, write "RURAL" and name of township)
 (d) Length of stay: In hospital or institution 1 yr.
 (Specify whether years, months or days)

8. (a) PRINT FULL NAME Shirley Ann Sills 4208. (b) If veteran, name war No 8. (c) Social Security No. None4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased Nov. 29, 1938
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
1 1 3 hr. min.9. Birthplace Boste Louis, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Infant

11. Industry or business _____

12. Name Milton D. Sills13. Birthplace Bonne Terre, Mo.
(City, town, or county) (State or foreign country)14. Maiden name Viola McGee15. Birthplace Bonne Terre, Mo.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Milton Sills(b) Address 213 Lami St17. (a) Burial (Burial, cremation, or removal) Burial (b) Date thereof 1/5/40
(Month) (Day) (Year)(c) Place: burial or cremation St. Matthews Cem18. (a) Signature of funeral director P. W. McCarrollin(b) Address 2301 Lafayette Ave19. (a) Jan 2 1940 (b) J. F. Brubaker
(If received local registrar) (If received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 23
 (If outside city or town limits, write "RURAL")
 (d) Street No. 213 Lami St
 NO PHYSICIAN IN ATTENDANCE (If none, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2
year 1940 hour 10 minute 45 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 Suffocation; when child was smothered while sleeping in crib with older sister, exact time Due to unknown, on or about Jan. 3rd, 1940. Duration _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident(b) Date of occurrence Jan. 3rd, 1940(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home

While at work? _____ (Specify type of place)

(e) Years of injury _____

23. Signature Alfred J. Brown (M. D. or other) _____Address Republ. Crown Date signed 1-3-40

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..... *L. K. Cooper*

Licensed Embalmer No. *2633*

P. O. Address *2317 Lafayette*

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.