

17109

JULY APR 15 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8966

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2449

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hrs.
(Specify whether _____)
In this community 12 hrs.
years, months or days)

3. (a) PRINT FULL NAME Baby Jines, #2
3. (b) If veteran, name war X
3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased March 12, 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 12 hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name Arlez Jines
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Alta Smith
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ann Morrison
(b) Address City Hospital, #1

17. (a) BURIAL (b) Date thereof MAR 14-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director W. Taylor
(b) Address MAR 13 1940

19. (a) _____ (b) J. V. Bedek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 614 East Marceau
(If rural, give location)
(e) If foreign born, how long in U. S. A. X years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 12,
year 1940 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from March 12, 1940 to March 12, 1940
that I last saw her alive on March 12, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity (1200 gm.)
Due to _____
Due to _____

Other conditions Twin Pregnancy
(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) _____
(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 H. M. Kelly (M. D. or other) _____
Address 1515 Lafayette Date signed 3-13-40

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.

FORM 5-17-39
REV. 5-17-39
U. S. GOVERNMENT PRINTING OFFICE: 1935

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
myself, Registered Apprentice No. _____
working under my personal supervision.

city license
180

Signed

Raymond E. Geiske

Licensed Embalmer No.

3985

P. O. Address

St Louis, Mo.

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.