

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County 1
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Children's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5th day 15th
year 1940 hour 2nd minute 20 p.m.

21. I hereby certify that I attended the deceased from 5-10-40 to 5-15-40
that I last saw h.c.c. alive on 5-15-40
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction congenital

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 17 d

Major findings: Of operations 127

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 Presnell J. Platter (M.D. or other) _____

Address 500 South _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3. (a) PRINT FULL NAME Sally Evans 152

3. (b) If veteran, name war child 3. (c) Social Security No. child

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced child

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

7. Birth date of deceased. 4-22-40
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 23 hr. 6 min.

9. Birthplace Readington, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business child

12. Name Charles

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Courtwright

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant F. Harpeth

(b) Address 500 S. Kingshighway

17. (a) Removal (b) Date thereof 5-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Readington, Mo.

18. (a) Signature of funeral director Albert H. Kapp

(b) MAY 16 1940 Washington, Mo.

19. (a) _____ (b) J. P. Platter
(Date received local registrar) (Registrar's 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.

No Embalmed

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.