

Registration District No.

791

Primary Registration District No.

Registrar's No.

4752

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town Saint Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Saint Louis Maternity Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

8. (a) PRINT FULL NAME Flateau, Infant Boy 430

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

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

7. Birth date of deceased May 11, 1940
(Month) (Day) (Year)8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. 25 min.9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 { 12. Name Flateau, Sidney
 { 13. Birthplace Chicago, Illinois
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Beisher, Nell
 { 15. Birthplace Saint Louis, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature St. Louis Maternity Hosp.(b) Address 630 So. Kingshighway Blvd.17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Dept. of Pathology18. (a) Signature of funeral director Washington U.

(b) Address _____

19. (a) MAY 31 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town Saint Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5923a Romaine Avenue
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1940 hour 9:00 A. minute _____ M.21. I hereby certify that I attended the deceased from May 11 1940
8:25 AM, 19____, to MAY 11, 1940 9:00 AM;that I last saw him alive on May 11, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death

Prematurity
Due to _____
Due to _____Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

Duration

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 Delway C. Wasserman (M. D. or other) _____
Address 634 No Grand Date signed 5/31/40

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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.