

Registration District No. **2550** Primary Registration District No. _____

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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME Infant Edwards

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

4. Sex Male **5. Color or race** Colored

6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased September 6, 1940
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
			<u>2 hr. 40 min.</u>

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name Edwards, Rosie Mae

15. Birthplace Mississippi (city Unknown)
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Rosie M. Edwards

(b) Address 3139 Lucas

17. (a) _____ **(b) Date thereof** 9-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington University

18. (a) Signature of funeral director Dept. Of Pathology

(b) Address _____

19. (a) SEP 14 1940 **(b) Registrar's signature** J. P. [Signature]
(Date of local registration) (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") 21

(d) Street No. 3139 Lucas Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6, 1940
year _____ hour 2 minute 55 A.M.

21. I hereby certify that I attended the deceased from Sept. 6, 1940
12:15 P.M., 1940, to Sept 6, 1940
2:55 P.M., 1940;
that I last saw him alive on Sept 6, 1940, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity **Duration** _____

32 weeks gestation; 0

Due to _____

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) _____

(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? _____

23. Signature J. P. [Signature] **(M. D. or other)** _____
Address 6308 1/2 [Address] Date signed _____
(Specify type of place) (a) Means of injury

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.

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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.