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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 30700

Registrar's No. 7977

Registration District No. 791

Primary Registration District No.

FILED OCT 25 1940

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: St. Louis City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)

In this community 1 Day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 25
(If outside city or town limits write "RURAL")

(d) Street No. 1446 Hadley
(If rural, give location)

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

3. (a) PRINT FULL NAME Baby McGinnis

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Newborn

6. (c) Age of husband or wife if alive Newborn years

7. Birth date of deceased August 29, 1940 (Month) (Day) (Year)

8. AGE: Years | Months | Days 1 | If less than one day 1 hr. 45 min.

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

10. Usual occupation Nil.

11. Industry or business Nil.

MOTHER FATHER

12. Name Thomas McGinnis

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

14. Maiden name Alice McCall

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

16. (a) Informant Anna Morrison

(b) Address City Hospital, #1

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9-26-40 (Month) (Day) (Year)

(c) Place: burial or cremation Crematory

18. (a) Signature of funeral director W. J. Whitt

(b) Address City Hospital

19. (a) SEP 25 1940 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30, year 1940 hour 6:50 minute P. M.

21. I hereby certify that I attended the deceased from August 29, 1940, to August 30, 1940 that I last saw her alive on August 30, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
prematurity	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Henry Lattuada (M. D. or other)

Address 1515 Lafayette Ave., Date signed 8/31/40

(Licensed Embalmer's Statement on Reverse Side)

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.