No. 2
1-10-39
-17-39
X21492

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

State File No. 33960

Registration District No. 791 (FILED NOV 16 1940) Primary Registration District No. 1003 Registrar's No. 8657

1. PLACE OF DEATH:
(a) County St. Louis
(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 3½ hrs (Specify whether
In this community years, months or days)

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. 4751 Leduc
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Baby Boy Kays
3. (b) If veteran, name war
3. (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 alive years
7. Birth date of deceased October 11 1940 (Month) (Day) (Year)
8. AGE: Years Months Days 5 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name Gene Kays
13. Birthplace (City, town, or county) UNK (State or foreign country)
MOTHER 14. Maiden name Helen Johns
15. Birthplace (City, town, or county) UNK (State or foreign country)
16. (a) Informant Marjorie B. Miller
(b) Address 500 S. Kingshighway
17. (a) (Burial, cremation, or removal) (b) Date thereof OCT 21 1940 (Month) (Day) (Year)
(c) Place: burial or cremation St. L. Childrens
18. (a) Signature of funeral director Anatomical Purposes
(b) Address
19. (a) OCT 21 1940 (Date received local registrar) (b) J. F. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 16 year 40 hour 9 minute 05 P M.
21. I hereby certify that I attended the deceased from 10-16 1940, to 10-16- 1940
that I last saw him alive on 10-16- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Purulent Meningitis, Peritonitis and Sepsis Duration
Due to Prematurity
Cerebral birth injury?
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 Russell J. Blattner (M. D. or other)
Address 500 South Kingshighway Date signed

(Licensed Embalmer's Statement on Reverse Side)

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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.