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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5278

FILED MAR 25 1941

Registration District No. 7917

Primary Registration District No. 1003

Registrar's No. 1526

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis Children's Hosp O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Hrs (Specify whether
In this community 11 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Webster Groves 17
(If outside city or town limits, write "RURAL")

(d) Street No. 712 Dale 4
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Rawlinson, Helen Ann

3. (b) If veteran, name war Child

3. (c) Social Security No. Child

4. Sex FEMALE

5. Color or race W

6. (a) Single, widowed, married, divorced Child O

6. (b) Name of husband or wife Child

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

7. Birth date of deceased 2 - 22 - 1927
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
13	11	24	hr. min.

9. Birthplace COLUMBIA / South Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business "

FATHER
12. Name Gilbert W RAWLINSON
13. Birthplace DYSINGER / New York
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Warner
15. Birthplace — St. Louis O Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Wedder
(b) Address 416 S. Kingshighway

17. (a) BURIAL (b) Date thereof FEB. 18-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation BELLEFONTAINE CEM.

18. (a) Signature of funeral director Parker Und Co
(b) Address WEBSTER GROVES, MO.

19. (a) FEB 17 1941 (b) J. W. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 15
year 41 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from 2-14, 1941, to 2-15, 1941;
that I last saw her alive on 2-15, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death generalized peritonitis	6 days
Due to perforated appendix	6 days
Due to ? fecalith + appendicitis	6 days
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy generalized purulent peritonitis. Ruptured gangrenous appendix

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 R. J. Blattner (M. D. or other)
Address 370 N Kingshighway Date signed

(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 C. C. Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Groves

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.