

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Mississippi River, Lemay Twp
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Unidentified Male Infant

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased Unkn
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 10 If less than one day Stillborn hr. _____ min.

9. Birthplace Unkn 9
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Unkn

12. Name Unkn 9

13. Birthplace Unkn 9
(City, town, or county) (State or foreign country)

14. Maiden name Unkn

15. Birthplace Unkn 9
(City, town, or county) (State or foreign country)

16. (a) Informant Poppy M. C. Kirkwood

(b) Address _____

17. (a) Burial (b) Date thereof 2-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Poppy M. C. Kirkwood

(b) Address _____

19. (a) FEB 22 1941 (b) L. H. Meyer, MD
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 96
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17
 year 1941 hour 12:50 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Found floating in Mississippi River near Barracks Sta. with piece of twine about the neck.
 Due to _____

Due to Drowning at hands of unknown person or persons

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy 10-2-41

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident- Unk.

(b) Date of occurrence Feb. 17, 1941 12:50

(c) Where did injury occur? Lemay Township
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place

While at work? _____ (Specify type of place)
 (e) Means of injury Drowned

23. Signature Louis H. Boyer (M. D. or other)

Address Kirkwood, Mo. Date signed 2/21/41

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

96
00

2
10-39
5-17-39
X21492

FILED MAR 11 1941

MOTHER FATHER

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.