

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 13 1941
Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12905
Registrar's No. 3335

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: en route Isolation Hosp. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ 1yr 6 months (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town ST LOUIS, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 2112 1/2 Division
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th
year 1941 hour 9.00 minute _____ A.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 Pulmonary Infarction; *Duration*
history of pertussis.

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? _____

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

23. Signature Thomas J. Callahan (M. D. or other) _____
Address Deputy Coroner Date signed 4/16/41

BABY JAMIE OLIVER

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

4. (a) Sex Female 5. Color Col 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased: 10 (Month) 12 (Day) 1939 (Year)

8. AGE: Years 1 Months 6 Days 3 If less than one day hr. _____ min. _____

9. Birthplace ST LOUIS Mo (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name BOSTON OLIVER

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

14. Maiden name MAETHA RUTH

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

16. (a) Information Boston Blues

(b) Address 2112 1/2 Division

17. (a) BURIAL (b) Date thereof 4-17-41 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Genevieve

(b) Address 3103 Washington

19. (a) APR 17 1941 (Date received local registrar) (b) J. J. Bredek (Registrar's signature)

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

BY DANIEL J. BLAG

1000 1000 1000

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..... *Daniel Blechman*

Licensed Embalmer No. *3962*

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, fact should be so stated above.