

FILED SEP 17 1941

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Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:

(a) County
(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. Lukes Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community, years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. Ill. (b) County 999
(c) City or town Flora
(If outside city or town limits, write "RURAL")
(d) Street No. 421 N. Mill St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 2 years.

3. (a) PRINT FULL NAME Baby Alvin

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased 8-21-41
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
8 hr. 59 min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name Margd Edward Alvin
13. Birthplace Chicago, Ill. (City, town, or county) (State or foreign country)
14. Maiden name E. Thos Radloff
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant E. Thos Alvin
(b) Address 421 N. Mills, Flora, Ill.

17. (a) Burial (b) Date thereof 8-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Greenhander

(b) Address 4469 Washington

19. (a) AUG 26 1941 (b) J. H. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug, day 21, year 1941 hour 8:55 minute PM M.

21. I hereby certify that I attended the deceased from 11:31 A.M. 8-21-41, 1941, to 8:55 P.M., 1941; that I last saw him alive on Aug 21, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Atalectasis - (prematurity)
24 wks

Due to Premature birth

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy NO

Duration

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) Means of injury

23. Signature R. Patton (M. D. or other) M. D.
Address 3720 Washington Date signed 8/23/41

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

6069

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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 the above constitutes grounds for revocation of license.)

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