

No. 2
1-4-41
17-39
X26390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42887
Registrar's No. 44

FILED JAN 20 1942
Registration District No. 7870

Primary Registration District No. 101

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Hours 11 Min.
In this community 5 Hours 11 Min. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 234 Aldridge
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Savage, Baby Girl
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 6
year 1942 hour 9:10PM. minute _____ M.
21. I hereby certify that I attended the deceased from 1-6-42, 19____ to 1-6-42, 19____
that I last saw her alive on 1-6-42, 19____
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race 3 Colored 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 1 6 1942
(Month) (Day) (Year)

Immediate cause of death: Prematurity (7 mo)
Due to _____
Due to 159
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years _____ Months _____ Days _____ If less than one day 5 hr. 11 min.
9. Birthplace Clayton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____
MOTHER FATHER { 12. Name Walter Savage
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Murdis Harris
15. Birthplace Harris Miss.
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Walter Savage
(b) Address 234 Aldridge St
17. (a) _____ (b) Date thereof 1/8/1942
(Burial, cremation or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Father's Burial Room
18. (a) Signature of funeral director John H. ...
(b) Address 408 So. ...
19. (a) JAN 8 - 1942 (b) E. L. Mc ...
(Date received local registrar) (Registrar's signature)

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 P. B. ... (M. D. or other) M.D.
Address St. Louis County Hospital Date signed 1-8-42

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, fact should be so stated above.