

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1942
Registration District No. 284

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42998
State File No. _____
Registrar's No. 2697

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(c) Name of hospital or institution: St. Louis County Hospital
(d) Length of stay: In hospital or institution 6 hours
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Chesterfield
(d) Street No. Kerr's Mill Rd. near Clayton Rd.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 9
year 1941 hour 5 minute :30 A.M.
21. I hereby certify that I attended the deceased from 12-8-41
19. to 12-9-41 19. _____
that I last saw her alive on 12-9-41
and that death occurred on the date and hour stated above.

4. Sex female / 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 8 1941
(Month) (Day) (Year)

Immediate cause of death
Premature birth
Duration
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
159

8. AGE: Years Months Days If less than one day
0 0 0 6 hr. min.
9. Birthplace Clayton Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation _____

11. Industry or business _____
12. Name Frank Folley
13. Birthplace Cedar Rapids Ia.
14. Maiden name Florence Begnette
15. Birthplace St. Louis Mo.
(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 M. D. Court, Surgeon
(b) Address N. & S. Rd. Clayton, Mo.
17. (a) Burial, cremation, or removal: Cremation (b) Date thereof 1-14-42
(c) Place: burial or cremation: St. Louis Crematory
18. (a) Signature of funeral director: E. Brown
(b) Address: St. Louis County Hosp. Clayton, Mo.
19. (a) JAN 14 1942 (Date received local registrar)
(b) Registrar's signature: M. D. Court

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: F. G. Allen (M. D. or other) F. D.
Address: St. Louis Co. Hosp. Date signed: 12-26-41

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

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.