

FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42911

State File No. _____

Registration District No. 784

Primary Registration District No. 10

Registrar's No. 2692

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 2 hrs. 25 min.
life (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town S. Anish
(If outside city or town limits, write "RURAL")
(d) Street No. Tuttle & Boyd Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22
year 1941 hour 11 minute :55 P.M.

21. I hereby certify that I attended the deceased from 10-22-41
_____ 19____ to 10-22-41 19____
that I last saw him alive on 10-22-41
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cardiac & Respiratory Failure ischemic
Duration _____

Due to Prematurity (6 mo.)

Due to 159

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) Means of injury _____

23. Signature [Signature] (M. D. or other) MD
Address St. Louis County Hospital Date signed 10-23-41

3. (a) PRINT FULL NAME Holbrook, Baby Boy

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race colored 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 Oct. 22 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 2 hr. 25 min.

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

10. Usual occupation nil.

11. Industry or business _____

12. Name Marion Holbrook

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

14. Maiden name Mary Alice Wilson

15. Birthplace unknown 1 Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant St. Louis County Hospital

(b) Address Box 5 road - Clayton, Mo.

17. (a) Cremation (b) Date thereof 1-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Crematory

18. (a) Signature of funeral director [Signature]

(b) Address St. Louis Co. Hosp. Mortuary

19. (a) JAN 14 1942 (Date received local registrar)
(b) [Signature] (Registrar's signature)

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.