

FILED MAR 17 1942 91

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1062

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Thomas Lee Underwood

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

4. Sex Male (1) 5. Color or race White 6. (a) Single, widowed, married, divorced.....

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

7. Birth date of deceased Nov. 27 - 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	-	2	4	hr. min.

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

10. Usual occupation Infant

11. Industry or business.....

12. Name Frank Johnson

13. Birthplace Try Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Doris Underwood

15. Birthplace Obion Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Booth Memorial Hospital

(b) Address 3740 MARINE

17. (a) BURIAL (b) Date thereof 2/3/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LAKE CHARLES

18. (a) Signature of funeral director EDITH E. AMBRUSTER

(b) Address 4234 MANCHESTER

19. (a) FEB 3 1942 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100
(c) City or town Chaffee NR
(If outside city or town limits, write "RURAL")
(d) Street No. 322 W. Davidson
(If rural, give location)
(e) Citizen of foreign country? No. 1 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day first
year 1942 hour 12 minute 27 P. M.

21. I hereby certify that I attended the deceased from 1/1/42
1941, to 2/1 1942
that I last saw him, alive on 2/1/42 19
and that death occurred on the date and hour stated above.

Immediate cause of death Hydrocephalus

Due to Myelo-Meningocele

Due to.....

Other conditions (include pregnancy within 3 months of death) 157

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0

(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 D

23. Signature J. F. Bredeek (M. D. or.....)
Address 3740 Marine Date signed 2/1/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

Not embalmed

Signed *Shirley Eynok*
Licensed Embalmer No. 1284
P. O. Address St Louis Mo

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.