

No. 2  
4-13-40  
5-17-39  
PI XZ3159

FILED APR 13 1942  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

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

1. PLACE OF DEATH: 791  
(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:  
Front yard 6621 Odell  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: \_\_\_\_\_  
In this community: 3 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Missouri (b) County: 28  
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No.: Missouri (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Unknown Baby

20. DATE OF DEATH: Month March Day 19  
year 1942 hour 11 minute 00 AM.

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

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex: Female 5. Color or race: white 6. (a) Single, widowed, married, divorced: 0

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

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

Immediate cause of death: Exposure when frozen in yard at 6621 Odell Ave

7. Birth date of deceased: ad man 19 1942  
(Month) (Day) (Year)

about 11:00 o'clock a.m. thrown there by party

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 1 hr. 30 min.

due to partial post-mortem black discoloration and death unknown

9. Birthplace: Missouri (City, town, or county) (State or foreign country)

Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

10. Usual occupation: Unknown

Major findings: \_\_\_\_\_ Of operations: \_\_\_\_\_

11. Industry or business: Unknown

Of autopsy: \_\_\_\_\_

12. Name: Unknown

13. Birthplace: Missouri (City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: H. P. Preecher  
(b) Address: 53 1/2 Water Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 28 1942  
(Month) (Day) (Year)  
(c) Place: burial or cremation: Potters Field

18. (a) Signature of funeral director: Petz Brothers  
(b) Address: 3029 Lafayette Ave

19. (a) \_\_\_\_\_ (b) J. F. Bredbeck  
(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): homicide

(b) Date of occurrence: Found 3/19/42

(c) Where did injury occur? Found in St. Louis  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Found private yard  
(Specify type of place) (e) Means of injury: Exposure

23. Signature: Alfred Perry (M. D. or other)  
Address: Resident Date signed: 3/20/42

Duration \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

500

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.....

working under my personal supervision.

Registered Apprentice No.....

*NOT Embalmed*  
Signed *Francis J. Jones*

Licensed Embalmer No. *2245*

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.