S. No. 2
—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 22 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16847
State File No.

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

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: Found. 2710 Lafayette (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED: 000
(a) State: unknown (b) County: 17
(c) City or town: unknown 928 (If outside city or town limits, write "RURAL")
(d) Street No.: unknown (If rural, give location)
(e) Citizen of foreign country? O (Yes or
If yes, name country

3. (a) PRINT FULL NAME: Unidentified White Female
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: O
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Abt May (Month) 29 (Day) 1940 (Year)

8. AGE: Years	Months	Days	If less than one day
			One hr. min.

9. Birthplace: 9 unknown (City, town, or county) (State or foreign country)
10. Usual occupation: Child
11. Industry or business

FATHER
12. Name: unknown
13. Birthplace: unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant: James J. Fitzgerman
(b) Address: 1300 Clark
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Potters Field
18. (a) Signature of funeral director: Peets Bros.
(b) Address: 3027 Lafayette
19. (a) JUN 12 1942 (Date received local registrar) J. A. Bonesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Found. May day 29 year 1942 hour 7 minute 00 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...
that I last saw h. alive on ..., 19...
and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of skull
Due to: Subdural Hemorrhage of brain
Due to: When found in an abandoned apartment having been placed by party
Due to: Partially unknown
Other conditions: Fact Just Unknown
(Include pregnancy within 3 months of death)

Major findings: Of operation: None
Of autopsy: None

Duration

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): Homicide
(b) Date of occurrence May 29 1942
(c) Where did injury occur? unknown (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? unknown (Specify type of place)
While at work? unk (e) Means of injury: Fire Arm
23. Signature: Alfred Wright (M. D. or other)
Address: Deputy Coroner Date signed 6/10/42

(Licensed Embalmer's Statement on Reverse Side)

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 Frank J. Omero

Licensed Embalmer No. R245

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.