

S. No. 2
A-9441
7. 5-17-39
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FILED AUG 11 1948
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23237

State File No.

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No.

00
17
9

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution
St. Louis Children's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hours
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 296

(c) City or town Delta (rural) PNR
(If outside city or town limits, write "RURAL")

(d) Street No. Chaffee R # 3
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

6470

3. (a) PRINT FULL NAME Baby Boy White

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 24
year 42 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7:24
1942 to 7:24 1942
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race wh 6. (a) Single, widowed, married, divorced SO

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

7. Birth date of deceased 7 24 42
(Month) (Day) (Year)

Immediate cause of death Resp. Arrest Duration _____

8. AGE: Years _____ Months _____ Days _____ If less than one day 6 hr. _____ min.

Due to Prematurity

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

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation _____

Major findings: _____
Of operations _____

11. Industry or business _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Bonnie White

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

14. Maiden name Irene Medley

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

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

16. (a) Informant D. Durrine
(b) Address 500 S. Kings Highway
Antoine Row

17. Date thereof 31 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation _____

18. (a) Signature of funeral director W. Richter
(b) Address 3500 Patton St

19. (a) JUL 31 1942 (b) J. F. Bledeck
(Date received local registration) (Registrar's signature)

While at work? _____ (Specify type of place)

(b) Means of injury _____

23. Signature D. L. Barnett (M. D. or other) _____
Address 500 S. Kings Highway Date signed 7-24-42

(Licensed Embalmer's Statement on Reverse Side)

844

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.