

REG SEP 8 1942  
Registration District No. 284

Primary Registration District No. 101

Registrar's No. 1706

76  
3390

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

1. PLACE OF DEATH:

(a) County Clayton  
(b) City or town St. Louis  
(c) Name of hospital or institution: St. Louis County Hospital  
(d) Length of stay: In hospital or institution 7 1/2 hrs.  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Richmond Heights  
(d) Street No. 8112 Dale Ave.  
(e) Citizen of foreign country? no  
If yes, name country

3. (a) PRINT FULL NAME Faulkner, Baby Girl

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

4. Sex female 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 July 6 1942 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day 7 hr. 30 min.

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

10. Usual occupation None

11. Industry or business

12. Name Oliver Faulkner

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

14. Maiden name Othella Cartright

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

16. (a) Informant Oliver Faulkner

(b) Address 8112 Dale Ave.

17. (a) Burial, cremation, or removal (b) Date thereof AUG 14 1942 (Month) (Day) (Year)

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

18. (a) Signature of funeral director (b) Address AUG 13 1942

19. (a) (Date received local registrar) (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1942 hour 5 minutes 45 A.M.

21. I hereby certify that I attended the deceased from 7-6-42 to 7-7-42 that I last saw her alive on 7-7-42 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure Duration few min.

Due to Prematurity (7th month)

Due to

Other conditions (include pregnancy within 3 months of death) 159

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? (Specify type of place)

23. Signature Robert A. Hall (M. D. or other) M.D.

Address ST. LOUIS COUNTY HOSPITAL signed 7-30-42

---

---

**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.**