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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
9759
Registrar's No.

FILED DEC 1 1942
348
Registration District No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether
In this community 1 Day
years, months or days)

3. (a) PRINT FULL NAME Baby Ennis
3. (b) If veteran, name war No 3. (c) Social Security No. Unknown

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Newborn
6. (b) Name of husband or wife Newborn 6. (c) Age of husband or wife if alive Newborn years
7. Birth date of deceased October 23, 1942
(Month) (Day) (Year)

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

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

10. Usual occupation Newborn
11. Industry or business Newborn

MOTHER FATHER

12. Name Homer Ennis
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Hazel (unknown)
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Aunt P. Morrison
(b) Address St. Louis City Hospital

17. (a) (b) Date thereof 11 24 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City Crematory

18. (a) Signature of funeral director W. Z. White
(b) Address City Hospital No. 1

19. (a) NOV 23 1942 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000 17 922
(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1312a Missouri Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24,
year 1942 hour 3:50 minute P. M.
21. I hereby certify that I attended the deceased from October 23, 1942 to October 24, 1942
that I last saw her alive on October 24, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Prematurity
Due to.....
Due to.....
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations.....
Of autopsy.....

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).....
(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) Means of injury.....
23. Signature Cl. Meeker (M. D. or other) 10/27/42
Address 1515 Lafayette Avenue Date signed.....

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.