

FILED DEC 7 1942 18

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9811

Registration District No.

Primary Registration District No.

Registrar's No.

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 3 Days
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2019 S. 2nd St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 23,
year 1942 hour 5:45 minute P. M.
21. I hereby certify that I attended the deceased from November
21, 1942 to November 23, 1942;
that I last saw her alive on November 23, 1942;
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Nov. 21st 1942
(Month) (Day) (Year)

Immediate cause of death Prematurity
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
0 0 2 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Jack Marty
13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Laura Stephens
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy Confirmation
Underline the cause to which death should be charged statistically.

16. (a) Informant Margaret Edwards
(b) Address 2019 S. 2nd St.

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?
.....

17. (a) Burial (b) Date thereof 11/24/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews

While at work?..... (Specify type of place)
(e) Means of injury.....

18. (a) Signature of funeral director A.W. Laughlin
(b) Address 2201 Lafayette Ave.
19. (a) NOV 24 1942 (b) J.F. Bredeck
(Date received local registrar) (Registrar's signature)

23. Signature C.S. Meeker (M. D. or other)
Address 1515 Lafayette Avenue, 11/24/42

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

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 *L. R. Cooper*.....

Licensed Embalmer No. *3633*.....

P. O. Address *2317 Lafayette*.....

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.