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v. 5-17-39
X32673

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. **9760**

FILED DEC 1 1942
Registration District No. **318**

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)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town..... **St. Louis** **17**
(If outside city or town limits, write "RURAL") **923**
(d) Street No. **1626 South Eighteenth St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country..... **0**

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **26**,
year **1942** hour **12:10** minute **P.** M.
21. I hereby certify that I attended the deceased from **October**
25, 19 **42** to **October 26**, 19 **42**;
that I last saw him alive on **October 26**, 19 **42**;
and that death occurred on the date and hour stated above.

4. Sex **Male** 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 25, 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
----- -- 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**
12. Name **Irvin Payer**
13. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Della Lee**
15. Birthplace **St. Paul, Minnesota**
(City, town, or county) (State or foreign country)

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

MOTHER FATHER
16. (a) Informant **Ann C. Morrison**
(b) Address **St. Louis City Hospital**
17. (a) ~~(Special cremation, if so)~~ (b) Date thereof **11 24 42**
(Month) (Day) (Year)
(c) Place: burial or cremation **City Crematory**
18. (a) Signature of funeral director **W. J. White**
(b) Address **City Hospital 201**
19. (a) **NOV 23 1942** (b) **J. F. Biedeck**
(Date received local registrar) (Registrar's signature)

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 **J. F. Biedeck** (M. D. or other)
Address **1515 Lafayette Avenue, Box 2742**

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.