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S. No. 2
OM-542
5-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 4 1943 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 837
Registrar's No.

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis
(c) Name of hospital or institution: St. Louis City Hospital
(d) Length of stay: In hospital or institution 7 Days
In this community 7 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. 6828 Michigan Avenue
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ----- 0

3. (a) PRINT FULL NAME Baby Arnold
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
7. Birth date of deceased January 10, 1943

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 16, year 1943 hour 11:50 minute P. M.
21. I hereby certify that I attended the deceased from January 10, 1943 to January 16, 1943; that I last saw him or live on January 16, 1943; and that death occurred on the date and hour stated above.

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

Immediate cause of death: *Pre-ataxic newborn*
Due to
Due to
Other conditions (include pregnancy within 3 months of death)
159

9. Birthplace St. Louis, Missouri

10. Usual occupation Nil.
11. Industry or business Nil.

MOTHER FATHER
12. Name Thomas Arnold
13. Birthplace Arkansas
14. Maiden name Vera Ander
15. Birthplace Missouri

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

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

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) (burial, cremation, or removal) City Crematory (b) Date thereof 1 28 43
(c) Place of burial or cremation City Crematory
18. (a) Signature of funeral director W. J. White
(b) Address City Hospital No. 1
19. (a) JAN 27 1943 J. F. Budack
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury
23. Signature J. F. Meeker M. D. or other
Address 1515 Lafayette Avenue Date signed 1/28/43

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.....

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.