

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

503

State File No.

FILED FEB 4 1943 318

Registration District No.

Primary Registration District No.

1002

Registrar's No.

839

## 1. PLACE OF DEATH:

(a) County.....**St. Louis, Missouri**  
 (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.....**14 Days**  
 (Specify whether  
 In this community.....**14 Days**  
 years, months or days)

3. (a) PRINT FULL NAME **Baby Link**

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.....**January 10, 1943**  
 (Month) (Day) (Year)

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

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

10. Usual occupation.....**Nil.**

11. Industry or business.....**Nil.**

12. Name.....**William Link**

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

14. Maiden name.....**Grace Feakes**  
 (State or foreign country)

15. Birthplace.....**Missouri**  
 (City, town, or county) (State or foreign country)

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

17. (a) (Burial, cremation, or removed).....**City Crematory**  
 (b) Date thereof.....**1. 28-43**  
 (Month) (Day) (Year)

(c) Place: 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**  
 (Date received local registrar)  
**J. F. Busch**  
 (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State.....**Missouri** (b) County.....**000**  
 (c) City or town.....**St. Louis** (If outside city or town limits, write "RURAL")  
 (d) Street No.....**4564 Newberry Terrace**  
 (If rural, give location)  
 (e) Citizen of foreign country?.....**No** (Yes or No)  
 If yes, name country.....**-----**

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....**January** day.....**23.**  
 year.....**1943** hour.....**5:45** minute.....**A. M.**

21. I hereby certify that I attended the deceased from.....**January**  
**10,** 19**43** to.....**January 23,** 19**43**;  
 that I last saw h.....er.....alive on.....**January 23,** 19**43**;  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....**Premature newborn**  
 Duration

Due to.....

Due to.....

Other conditions.....**157**  
 (Include pregnancy within 3 months of death)

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?.....

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

23. Signature.....**W. J. White** (M. D. or other)  
 Address.....**1515 Lafayette Avenue** Date signed.....**1/23/43**

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.**