

FILED FEB 2, 1943

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 252

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12hrs. (Specify whether
In this community _____ years, months or days)

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. 4162 Regatta Washington (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Baby Page #1

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W 6. (a) Single widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 1-24-1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 12 hr. _____ min.

9. Birthplace St. Louis, Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Tommie Page

13. Birthplace Belburn, Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Beulah Singleton

15. Birthplace Belburn, Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Tommie Page

(b) Address 4162 Washington

17. (a) Removal (b) Date thereof 1-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belknox, Mo

18. (a) Signature of funeral director Tommie Page

(b) Address 4162 Washington

19. (a) 1-25-1943 (Date received local registrar) J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25, year 1943 hour 11:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to January 25, 1943 that I last saw him alive on January 25, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cremature newborn

Due to _____

Due to _____

Other conditions 15-19
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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. Brudeck (M. D. or other)

Address 1515 Lafayette Avenue, Q Date signed 1/25/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

IAN 25 1943

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.

not embalmed

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.