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7-39
K32873

State File No. _____
Registrar's No. **1800**

FILED MAR 2 1943 318

Registration District No. _____ Primary Registration District No. **1003**

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 **12 Days**
In this community **12 Days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Baby Madden #1**
3. (b) If veteran, name war **Newborn**
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 22, 1943**
(Month) (Day) (Year)

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

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

10. Usual occupation **Newborn**

11. Industry or business _____

MOTHER FATHER
12. Name **Harry Madden**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Frazier**
15. Birthplace **Mississippi**
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna P. Morrison**
(b) Address **St. Louis City Hospital**
17. (a) (Burial, cremation, or removal) _____ (b) Date thereof **2 26 43**
(Month) (Day) (Year)
(c) Place: burial or cremation **City Cemetery**

18. (a) Signature of funeral director **W. J. White**
(b) Address **City Hospital, No. 1**
19. (a) **Feb 2** (b) **J. F. Biedack**
(Date received local registrar) (Registrar's signature)

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. **1692 North Grand Avenue**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **3**
year **1943** hour **1:10** minute **A.** M.

21. I hereby certify that I attended the deceased from **January 22, 1943** to **February 3, 1943**
that I last saw her alive on **February 3, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Premature newborn**

Due to _____
Due to _____

Other conditions: **159**
(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: **OS Meeker**
23. Signature _____ (M. D. or other)
Address: **1515 Lafayette Avenue** Date signed **2/3/43**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.