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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 2 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4496

State File No.

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 1801

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 2 hrs. 45 mins. (Specify whether years, months or days)
In this community 3 hrs.

2. USUAL RESIDENCE OF DECEASED: 800 12 9 11

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1702 North Grand Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---------- 0

3. (a) PRINT FULL NAME Baby Madden #2

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 0

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 3 hr. --- min.

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

10. Usual occupation Newborn

11. Industry or business Newborn

FATHER
12. Name Harry Madden
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Bernice Mary Frazier
15. Birthplace (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Ann A. 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 1943 (Date received by local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23. year 1943 hour 1:45 minute A. M.

21. I hereby certify that I attended the deceased from January 22, 1943 to January 23, 1943; that I last saw her alive on January 23, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Premature Newborn	
Due to:	
Due to: 194	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature G. Meeker M.D. (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 1/23/43

(Licensed Embalmer's Statement on Reverse Side)

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.