No. 2
-5-42
17-39

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

RTMENT OF COMMERCE
BUREAU OF THE CENSUS

ED MAR 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4823

Registration District No. ____ Primary Registration District No. ____ Registrar's No. 2035

1. PLACE OF DEATH:

(a) County: St. Louis, Missouri

(b) City or town: ____ (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: 26 Days (Specify whether years, months or days)

In this community: ____

2. USUAL RESIDENCE OF DEACESED:

(a) State: Mo. (b) County: 0

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

(d) Street No.: 2542 Hebert St. (If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Baby Stout

3. (b) If veteran, name war: NO

3. (c) Social Security No.: NO

4. Sex: FEMALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: INFANT

6. (b) Name of husband or wife: ~

6. (c) Age of husband or wife if alive: ____ years

7. Birth date of deceased: FEB (Month) 4 (Day) 1943 (Year)

8. AGE: Years ~ Months ~ Days 25 If less than one day ____ hr. ____ min.

9. Birthplace: St LOUIS mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation: —

11. Industry or business: ____

FATHER
12. Name: CHARLES J. Stout
13. Birthplace: WEBSTER GROVES mo (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name: IRENE POWELL
15. Birthplace: St LOUIS mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant: MR CHARLES J. Stout
(b) Address: 2542 HEBERT St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: MAR 3 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: St MATTHEWS CEMETERY

18. (a) Signature of funeral director: Jos A Howard
(b) Address: 4212 ST LOUIS AVE

19. (a) MAR 2 1943 (Date received local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1, year 1943 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from February 4, 19 43, to March 1, 19 43 that I last saw her alive on March 1, 19 43 and that death occurred on the date and hour stated above.

Immediate cause of death: Premature birth
Congenital heart disease

Due to: ____

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

Major findings:
Of operations: ____
Of autopsy: ____

Duration

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: C. S. Merken (M. D. or other) 3/1/43
Address: 1515 Lafayette Avenue. Date signed: ____

(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 Jos A Howard

Licensed Embalmer No. 4139

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.

No. 2B
8-21-41
X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 48 23
20 33

Registration District No. ____ Primary Registration District No. ____ Registrar's No. ____

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

1. PLACE OF DEATH:
(a) County ____
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County ____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. ____
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME (Infant) Stout
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Feb - 4 - 1943 (Month) (Day) (Year)
8. AGE: Years — Months — Days — If less than one day ____ hr. ____ min.
9. Birthplace ____ (City, town, or county) Mo (State or foreign country)
10. Usual occupation ____
11. Industry or business ____
MOTHER FATHER
12. Name ____
13. Birthplace ____ (City, town, or county) ____ (State or foreign country)
14. Maiden name ____
15. Birthplace ____ (City, town, or county) ____ (State or foreign country)
16. (a) Informant ____
(b) Address ____
17. (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: burial or cremation ____
18. (a) Signature of funeral director ____
(b) Address ____
19. (a) MAR 29 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch. Day 1 year 1943 hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from ____ 19____ to ____ 19____; that I last saw h____ alive on ____ 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? ____ (c) Means of injury ____
23. Signature ____ (M. D. or other) ____
Address ____ Date signed ____

SUPPLEMENTARY