

FILED MAR 25 1943
1818

Registration District No.

Primary Registration District No. 1003

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 Childrens Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 5 minutes
(Specify whether
In this community..... Life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME RUTH ANN MISSEY

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

4. Sex..... F
5. Color or race..... W
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 June 18th 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 8 23 hr. min.

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

10. Usual occupation Infant

11. Industry or business

MOTHER FATHER { 12. Name Joseph Missey
13. Birthplace St. Louis, Mo
(City, town, or county) (State or foreign country)
14. Maiden name Bernice Bowen
15. Birthplace Herculaneum, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Bernice Missey
(b) Address 910 Julia

17. (a) Burial (b) Date thereof 3/13/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave.

19. (a) MAR 12 1943 (b) J. F. Beedeck
(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. 910 Julia Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th
year 1943 hour 5 minute 15 p. M.

21. I hereby certify that I attended the deceased from Feb 25 1943 to March 11 1943
that I last saw her alive on March 11 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia 3
Duration

Due to - Cold

Due to 107

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature H. G. Moore (M.D. or other)
Address 924 1/2 - 5018 Date signed

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..... *Paul A. Keith*

Licensed Embalmer No. *3612*

P. O. Address *2317 Lafayette*

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.