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S. No. 2
M—9-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16385

FILED JUN 4 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4648

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 6½ hrs. (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 922

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. ~~CITY HOSPITAL~~ 742 S 3rd (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Baby Marty

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced INFANT 0

6. (b) Name of husband or wife

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

7. Birth date of deceased MAY (Month) 17 (Day) 1943 (Year)

8. AGE: Years — Months — Days If less than one day 6½ hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation INFANT.

11. Industry or business

FATHER
12. Name ROBERT MARTY
13. Birthplace ST LOUIS (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name ANNA MEISSNER
15. Birthplace ST. LOUIS (City, town, or county) MISSOURI 0 (State or foreign country)

16. (a) Informant Robert Marty
(b) Address 742 S. 3rd St

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY (Month) 19 (Day) 1943 (Year)
(c) Place: burial or cremation OLD SS P. & PAUL CEM.

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette av.

19. (a) MAY 19 1943 (Date received local registrar) (b) J. F. Bressek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18, year 1943 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from May 17, 1943 to May 18, 1943 that I last saw her alive on May 18, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

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.

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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 T. N. Black (M. D. or other)

Address 1515 Lafayette Avenue. Date signed 5/18/43

(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 No Embalming, Registered Apprentice No.....,
working under my personal supervision.

Signed Ben Wellmer

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.