

FILED MAY 25 1944 318

Primary Registration District No. 1003

Registrar's No. 4516

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: Maternity Hoop Barnes Hoop  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Monroe  
(c) City or town Valmeyer  
(If outside city or town limits, write "RURAL") N.R.  
(d) Street No. Main St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13<sup>th</sup>  
year 1944 hour 2:15 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 5/11/44  
\_\_\_\_\_, 19 to 5/13/44, 19;  
that I last saw him alive on 5/13/44, 19;  
and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis, bilateral  
Due to Prematurity

Due to Cause Undetermined  
Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations no  
Of autopsy no

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) no  
(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 \_\_\_\_\_  
23. Signature A. H. ...  
Address 105 ... Date signed 5/13/44

3. (a) PRINT FULL NAME BABY BOY EMPSON

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 13 1944  
(Month) (Day) (Year)

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

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Richard Empson  
13. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Catharina Dougherty  
15. Birthplace Low Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. R. J. Empson  
(b) Address Valmeyer, Ill

17. (a) removal (b) Date thereof 5-13-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Valmeyer, Ill.

18. (a) Signature of funeral director Aug M. Wagner  
(b) Address Waterloo Ill

19. (a) MAY 16 1944 (b) J. F. ...  
(Date received local registrar) (Registrar's signature)

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

45716

45716

**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 me

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

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address St. Louis 20

**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, above space should be left blank.**