

No. 2
OM-5-43
ev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29638**
Registrar's No. **8247**

FILED OCT 6 1944
818

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, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **15 days**
(Specify whether
 In this community..... **newborn**
years, months or days)

3. (a) PRINT FULL NAME **Baby Millstone #2.**

3. (b) If veteran, name war.....
 3. (c) Social Security No. **0--**

4. Sex **female**
 5. Color or race **white**
 6. (a) Single, widowed, married, divorced, **single**
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **August 21st, 1944**
(Month) (Day) (Year)

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

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

10. Usual occupation.....
 11. Industry or business.....

MOTHER FATHER
 12. Name..... **unknown**
 13. Birthplace..... **9**
(City, town, or county) (State or foreign country)
 14. Maiden name..... **Goldie Millstone**
 15. Birthplace..... **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **M. Renard**
 (b) Address..... **St. Louis City Hospital**

17. (a) ~~Funeral, cremation, or removal~~ (b) Date thereof **9-28-44**
(Month) (Day) (Year)
 (c) Place: ~~funeral or cremation~~ **City Crematory**

18. (a) Signature of funeral director..... **J. W. G. White**
 (b) Address..... **City Hospital**

19. (a) **SEP 27 1944** (b) **J. J. Bradick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **WAG**
 (c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No..... **1158a Walton**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **8th**
 year..... **1944** hour **10** minute **15** A.M.

21. I hereby certify that I attended the deceased from **8/21/44**
 _____, 19____ to **Sept. 8th** 19____
 that I last saw her alive on **Sept. 8th** 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Prematurity**
 Due to.....
 Due to..... **159**
 Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations.....
 Of autopsy.....
 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) (Means of injury)

23. Signature..... **W. E. Maday**
 Address..... **1515 Lafayette**
 Date signed..... **9/8/44**

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 with the above constitutes grounds for revocation of license.)

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