

FILED DEC 15 1944

Registration District No. _____

Primary Registration District No. _____

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—Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution newborn
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 26

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

(d) Street No. 2101 No. 14th St.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Baby Acord

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 single

6. (b) Name of husband or wife newborn 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 5th, 1944
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6th
year 1944 hour 1:40 minute P. M.

21. I hereby certify that I attended the deceased from 11/5/44
to 11/6/44, 19____, to 11/6/44, 19____;
that I last saw h. er alive on 11/6/44, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days 1 day hr. _____ min.

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

10. Usual occupation nil

11. Industry or business _____

MOTHER { 12. Name Walter Acord

FATHER { 13. Birthplace Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Essie Stahl

15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant M. Renard

(b) Address St. Louis City Hospital

17. (a) _____ (b) Date thereof 12-7-44
(Month) (Day) (Year)

(c) Place: ~~burial~~ cremation City Crematory
W. C. White

18. (a) Signature of funeral director _____

(b) Address City Hospital NO. 1

19. (a) DEC 6 (b) J. F. Bruch
(Date received local registrar) (Registrar's signature)

Immediate cause of death Prematurity

Due to _____

Due to _____

Other conditions _____
(Includes pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Prematurity

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) Means of injury _____

23. Signature W. C. White (M. D. or other) M.D.
Address St. Louis City Hosp # 1 Date signed 11/7/44

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.