

#31279

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35885

FILED DEC 15 1944

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 10407

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Mo.
(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 1 day 0
(Specify whether)

In this community..... newborn
years, months or days

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. 4404 Forest Park
(If rural, give location)

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

3. (a) PRINT FULL NAME Baby Galer

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12th
year 1944 hour 3:40 minute P. M.

21. I hereby certify that I attended the deceased from newborn 11/11/44
19... to Nov. 12th 19 44
that I last saw him alive on Nov. 12th 19 44
and that death occurred on the date and hour stated above

4. Sex male 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 11th, 1944
(Month) (Day) (Year)

Immediate cause of death Prematurity Duration

Due to

Due to

Other conditions (include pregnancy within 3 months of death) 151

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

9. Birthplace St. Louis City Hospital 0
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business.....

MOTHER FATHER { 12. Name Oral

13. Birthplace Texas 1
(City, town, or county) (State or foreign country)

14. Maiden name Delores Hart

15. Birthplace Washington 1
(City, town, or county) (State or foreign country)

16. (a) Informant M. Renard

(b) Address St. Louis City Hospital

17. (a) ~~Place of~~ cremation, ~~or~~ (b) Date thereof 12-7-44
(Month) (Day) (Year)

(c) Place: ~~cremation~~ City Crematory

18. (a) Signature of funeral director W. J. White

(b) Address City Hospital No. 1

19. (a) DEC 6 1944 (Date received local registrar) J. J. ... (Registrar's signature)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy Prematurity

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) (e) Means of injury 0

23. Signature C. J. Watkins (M. D. or other) 9/11/44
Address 1515 Lafayette 11/13/44 Date of death

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

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.