S. No. 2
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#31246

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 15 1944

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 36110

Registrar's No. 10410

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 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 22

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

(d) Street No. 1225 Morrison Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Baby Ledbee

3. (b) If veteran, name war newborn

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased October 31st, 1944
(Month) (Day) (Year)

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

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

10. Usual occupation nil

11. Industry or business

FATHER
12. Name Thermin
13. Birthplace Ark. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elerca Rawlings
15. Birthplace Ark. 1
(City, town, or county) (State or foreign country)

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

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

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

18. (a) Signature of funeral director W. T. White
(b) Address City Hospital No 1

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

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct. day 31st
year 1944 hour 1 minute 40 P M.

21. I hereby certify that I attended the deceased from 10/31/44
, 19 , to 10/31/44 , 19 ;
that I last saw h alive on 10/31/44 , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurely	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

159

Major findings:
Of operations

Of autopsy

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature C. G. Watkins (M. D. or other)

Address St. Louis City Hosp. Date signed

(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.....

....., 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.