

FILED DEC 15 1944 318

Registration District No. _____
Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Firmin Desloge
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME

Infant Upham

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

4. Sex Male 5. Color or race W
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 Dec. 3 1944
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
If less than one day 5 hr. 23 min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name William Upham

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

14. Maiden name Acie Keama Frays

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

16. (a) Informant Acie Upham

(b) Address 2515 North 10th St

17. (a) Burial removed (b) Date thereof 12/6/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Motor to Ellington, Mo

18. (a) Signature of funeral director W. W. McLaughlin

(b) Address 2301 Lafayette St.

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2518 N. 10th St
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
year 1944 hour 4 minute 32 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on Dec 4, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) _____

(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 J. M. Keefe M.D. (M. D. or other) _____

Address 508 N. Grand Date signed 12-5-44

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

MOTHER FATHER

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.

not embalmed

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.