

FILED JAN 31 1945

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763

Registration District No. 318

Primary Registration District No. _____

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (b) City or town St. Louis
 (c) Name of hospital or institution: Bethesda Gen. Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Baby M^c Cann.

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

4. Sex M 5. Color or race W 6. (a) Single (b) Widowed (c) Married (d) Divorced

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

7. Birth date of deceased 12 / 24 / 1944
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 20 hr. 30 min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name _____
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name Andrie McCann
 15. Birthplace Cincinnati, Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mildred McCann
 (b) Address 4614 Westminster

17. (a) Burial (b) Date thereof 1-25-45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director V. B. Anderson
 (b) Address City Health Dept.

19. (a) 1-24-45 (b) J. J. Bradeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town St. Louis
 (d) Street No. 4614 Westminster
 (If outside city or town limits, write "RURAL") (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 24
 year 1944 hour 6 minute 37 A.M.

21. I hereby certify that I attended the deceased from 12/23/44 to 12/24/44, 1944, that I last saw him alive on 12/24/44, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia neonatorum

Due to Dystonia

Due to 1600

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

Major findings: Of operations _____
 Of autopsy _____

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 10

23. Signature J. J. Bradeck (M. D. or other) _____
 Address Bethesda Gen. Hospital Date signed 12/26/44

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.