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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 14 1945

Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **1889**

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:
St. Anthony Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Affton
(If outside city or town limits, write "RURAL")
(d) Street No. R. 14 Crescent Drive
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Infant Brown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 26
year 1945 hour 7 minute 30 A. M.

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

21. I hereby certify that I attended the deceased from 2-23, 1945, to 2-26, 1945
that I last saw her alive on 2-25, 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

Immediate cause of death
Foetal Rhexomy (Anencephalic)

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

Duration 4 days

7. Birth date of deceased February 23 1945
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>24</u>	hr. min.

Due to 157

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

Due to

10. Usual occupation Nil

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

Major findings: Of operations

12. Name Louis Brown

Of autopsy.....

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

PHYSICIAN
Underline the cause to which death should be charged statistically.

14. Maiden name Zona Parks

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

16. (a) Informant Louis Brown
(b) Address Rt. 14 Box 19 Affton, Mo.

17. (a) Burial (b) Date thereof Feb. 27, 45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Assumption Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 S. Broadway

19. (a) FEB 27 1945 J. F. Prudek
(Date received local registrar) (Registrar's signature)

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?..... (c) Means of injury.....

23. Signature Oliver J. ... (M. D. or other) MD.
Address 7666 ... Date signed 2/26/45

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

079

Of the name of Dr. D.

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..... *Louis C Hoffmeister*

Licensed Embalmer No..... *2874*

P. O. Address..... *7814 S Broad*

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.