

FILED DEC 7 1945
 318

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **10325**

1. PLACE OF DEATH:
 (a) County _____
 (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. John's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 DAY
(Specify whether years, months or days)
 In this community at 12:20 P.M. 11/27/45

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL")
 (d) Street No. 4637 Cottage
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Baby FARRIS
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex FEMALE 5. Color or race W
 6. (a) Single, widowed, married, divorced Single
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 2 11 - 27 - 45
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 11 day 27
 year 1945 hour 12 minute 20 P.M.
 21. I hereby certify that I attended the deceased from
Nov 27 1945 to Nov 27 1945
 that I last saw her alive on 11/27/45
 and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____
 If less than one day 10 hr. _____ min.

Immediate cause of death Pulmonary Atelectasis
 Due to Congenital Microglossia
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Infant

MOTHER FATHER
 11. Industry or business _____
 12. Name Otis Farris
 13. Birthplace Carter County Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Ethel Craig
 15. Birthplace Linn County Missouri
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Mr. Otis Farris
 (b) Address 4637 Cottage Ave.
 17. (a) Burial (b) Date thereof 11-29-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Fremont, Missouri
 18. (a) Signature of funeral director Shepard Funeral Home
 (b) Address 1167 Hamilton Ave.
 19. (a) NOV 28 1945 (b) J. J. Bredel
(Date received local registrar) (Registrar's signature)

23. Signature C. H. Lindeman (M. D. or other) M.D.
 Address 4126 Shreve Date signed 11/28/45

Duration 10 hrs.
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

No Embalm

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 Merle Shepard.....

Licensed Embalmer No. 3555.....

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.