

2  
43  
39  
36671

741831  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 21 1945**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **39871**  
Registrar's No. **10720**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County **St. Louis Missouri**  
(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**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 days**  
(Specify whether years, months or days)

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. **1768 Mississippi Av.**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Baby Travis**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Dec 9 1945**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec.** day **9th**  
year **1945** hour **2:30** minute **A** M.  
21. I hereby certify that I attended the deceased from **12/8/45**  
\_\_\_\_\_ 19\_\_\_\_ to **12/8/45** 19\_\_\_\_  
that I last saw h **er** alive on **12/9/45** 19\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**6** hr. \_\_\_\_\_ min.

Immediate cause of death **Prematurity**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER

9. Birthplace **St Louis Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_  
12. Name **Howard Travis**  
13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Josephine Varner**  
15. Birthplace **Rockford Alabama**  
(City, town, or county) (State or foreign country)  
16. (a) Informant **Howard Travis**  
(b) Address **1768 Mississippi Av.**  
17. (a) **Burial** (b) Date thereof **12/10/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **St. Mathews**  
18. (a) Signature of funeral director **Wm C. Magdall**  
(b) Address **1926 Allen Av.**  
**DEC 10 1945** **J. F. Buddeck**  
(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?  
While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature **George N. Donnell** M. D. or other \_\_\_\_\_  
Address **1525 Lafayette** Date signed **12/10/45**

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

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

**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

*Benj. C. Danman*  
.....  
Licensed Embalmer No. *2272*

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.**