

FILED JUN 6 1946 STANDARD CERTIFICATE OF DEATH

18802

State File No.

Registrar's No.

4924

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-Max C. Starkloff
(If not in hospital or institution, write street number or location) Memorial
(d) Length of stay: In hospital or institution premature
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME BABY (MALE) PROFFITT

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

4. Sex Male 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 May 31 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 6 hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name William Proffitt
13. Birthplace Kansas City, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Joyce Edgar
15. Birthplace Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant William Proffitt
(b) Address 909 LaSalle St., St. Louis, Mo.

17. (a) Burial (b) Date thereof 6-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S. t. Marcus Cem. St.

18. (a) Signature of funeral director A. W. M. Laughlin
(b) Address 2301 Lafayette Ave, St. Louis, Mo.

19. (a) JUN 3 1946 (b) J. F. Bredeek
(Date received from 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. 909 LaSalle (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st
year 1946 hour 1:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from 5/31/46 to 5/31/46
that I last saw him alive on 5/31/46
and that death occurred on the date and hour stated above

Immediate cause of death Congenital atelectasis
Due to _____
Due to _____

Other conditions Prematurity
(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? Louis

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature Just Tolmachev (M. D. or other) S.D.
Address Lafayette 5/31/46

WRITE PLAINLY--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.....

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.