

V. S. No. 2
00M-5-43
Rev. 5-17-39
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21998

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
#41700
31946 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 31 1946

Registration District No. _____ Primary Registration District No. 1003

Registrar's No. 5642

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 - Mat C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution newborn
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 216a Miller
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINTED FULL NAME Infant Baby (Boy) Marcum #2

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th
year 1946 hour 7:17 minute A M.

21. I hereby certify that I attended the deceased from 6/10/46
19 June 10th, to June 10th, 19 46
that I last saw him alive on June 10th, 19 46
and that death occurred on the date and hour stated above.

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 June 10th, 1946
(Month) (Day) (Year)

Immediate cause of death Prematurity

Due to _____

Due to _____

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

8. AGE: Years Months Days If less than one day
2 hr. 17 min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name David Marcum

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

14. Maiden name Pricilla Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant M. Renard

(b) Address St. Louis City Hospital

17. (a) Cremation (b) Date thereof 6 17 46
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation City Crematory

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? _____

18. (a) Signature of funeral director W. J. White

(b) Address City Hospital, R.O. 1

19. (a) JUN 27 1946 J. R. Bredeck
(Date received local registration) (Registrar's signature)

23. Signature Just Felton S. D.
1515 Lafayette 6/10/46
(Specify type of place) (M. D. or other)

Address _____ Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

2081

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.