

FILED JUL 22 1946
Registration District No. 318

Primary Registration District No. 1003

State File No. _____
Registrar's No. **6113**

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

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:
DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 4 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County oog

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

(d) Street No. 4455 Hunt Avenue
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT INFANT LOIS MAE HART
FULL NAME

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 7, 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Raymond Hart

{ 13. Birthplace McLeansboro, Illinois
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Agnes Doran

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

16. (a) Informant Raymond Hart

(b) Address 4455 Hunt Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-46
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director H. A. Stock

(b) Address 2117 East Grand Blvd.

19. (a) JUL 11 1946 (Date received local registrar) J. J. Benedict (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th
year 1946 hour 12 minute 30 PM.

21. I hereby certify that I attended the deceased from July 6
1946 to July 10, 1946
that I last saw h. er. alive on July 10, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Injury

Due to Birth Injury

Due to Prematurity

Hypertension in Mother

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

Major findings: 159

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 L. W. Bivins (M. D. or other) 7/11/46
Address 4500 Olive St Date signed _____

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.

Not Embalmed
Signed.....
[Signature]

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.