

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Bethesda General Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **9 hr. 27 min.** (Specify whether
In this community **infant**
years, months **0** days

3. (a) PRINT FULL NAME **Bico baby**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **()**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **11 2 46**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day **9 hr. 27 min.**

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name **Bico**
15. Birthplace **Danville Ark**
(City, town, or county) (State or foreign country)

16. (a) Informant **Bethesda Hospital Record**
(b) Address **3649 Vista Ave**

17. (a) **Burial** (b) Date thereof **NOV 21 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **CITY CEMETERY**

18. (a) Signature of funeral director **V. B. Hudson**
(b) Address **City Health Dept**

19. (a) **NOV 21 1946** (b) **J. F. Bredbeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Ark** (b) County **991**
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. **Danville Ark** (If rural, give location) **NK**
(e) Citizen of foreign country? **1504 36** (Yes or No) _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **2nd**
year **1946** hour **5** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **11-2**
1946, to **11-2**, **1946**
that I last saw him alive on **11-2**, **1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Shock**

Due to **PREMATURE placental**
SEPERATION IN 2nd
Due to **stage 65 labor**

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

Major findings: Of operations _____

Of autopsy **NONE**

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 **()**

23. Signature **George D. M. H.** (M. D. or other) **MD**
Address **Bethesda Gen. Hosp.** Date signed **11-2-46**

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

37210

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.