

FILED FEB 23 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. _____

1. PLACE OF DEATH:

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

In this community _____ years, months or days

3. (a) PRINT FULL NAME Baby Wilson (Male)

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

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: December 12th, 1946
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>28</u>	hr. _____ min.

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

10. Usual occupation nil

11. Industry or business _____

12. Name Ernest Wilson

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

14. Maiden name Doris Ludwig

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

16. (a) Informant M. Renard

(b) Address St. Louis City Hospital

17. (a) Burial (b) Date thereof: 1 23 47
(Month) (Day) (Year)

(c) Anatomical Board Crematory

18. (a) Signature of funeral director W. B. White, 3500 Olive

(b) Address St. Louis City Hospital

19. (a) JAN 23 1947 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 1622 Mississippi Memorial
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9th
year 1947 hour 7:05 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to 1/9/47, 19____;

that I last saw him alive on 1/9/47, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Diarrhea

Peritonitis?

Premature Infant.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 119

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? _____

While at work? no (City or town) (County) (State)
1515 Lafayette 1/10/47

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

MOTHER FATHER

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.