

S. No. 2
-12-45
5-17-39
-1 X47070

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4151**

1. PLACE OF DEATH:

(a) County St. Louis Mo.
 (b) City or town St. Louis Mo.
 (c) Name of hospital or institution 5107 Delmar 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)

3. (a) PRINT FULL NAME Newborn Female Baby Gray
3. (b) If veteran, _____ **3. (c) Social Security** _____
 name war _____ No. _____

4. Sex Female **5. Color of** _____
6. (b) Name of husband or wife _____ **6. (a) Single, widowed, married** _____
 _____ divorced _____
6. (c) Age of husband or wife if _____
 alive _____ years

7. Birth date of deceased. _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day Abt. pr. 30 min.

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

10. Usual occupation unk

11. Industry or business unk

MOTHER FATHER

12. Name unk **13. Birthplace** unk (City, town, or county) (State or foreign country)

14. Maiden name unk **15. Birthplace** unk (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. F. Callender
(b) Address 1300 Clark

17. (a) Burial CITY CEMETERY **(b) Date thereof** 4-22-47
 (Burial, cremation, or removal) (City or town) (County) (State) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director about J. Hopper
(b) Address 4700 N. Oakton

19. (a) APR 23 1947 **(b) J. F. Beckwith**
 (Data received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town St. Louis (If outside city or town limits, write "RURAL")
 (d) Street No. 5107 DELMAR (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month March day 22 year 1947 hour _____ minute 7 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
 that I last saw him _____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death HENORRAGE of 700
untypical and then from
without medical assistance
due to the mother's illness that occurred
in the home 5107 Delmar St. St. Louis
around 3:00 March 26, 1947

Duration _____

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

Major findings: _____
 Of operations 161
 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 about J. Hopper **(M.D. or other)** _____
Address _____ **Date signed** April 23 1947

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

No Embalmer

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.