

Registration District No. 318

Primary Registration District No. 1003

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:
St. Louis Maternity Hospital
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County _____ 999

(c) City or town Collinsville
(If outside city or town limits, write "RURAL") 1

(d) Street No. 306 South Aurora
NR, (If rural, give location) 2

(e) Citizen of foreign country? _____ (Yes or No) 2
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Infant Richmond

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month April day 23
year 1947 hour 10 minute 45 a. M.

21. I hereby certify that I attended the deceased from Birth until
Death, April 22, 1947, to April 23, 1947.
that I last saw him alive on April 23, 1947.
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 _____ ()

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 22, 47
(Month) (Day) (Year)

Immediate cause of death Pulmonary atelectasis

Due to Prematurity.

Due to _____

8. AGE: Years _____ Months _____ Days _____
If less than one day 12 hr. 5 min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Jerry DeWitt Richmond

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

14. Maiden name Louise Marguerite Esterlein
(City, town, or county) (State or foreign country)

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

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant St. Louis Maternity Hospital

(b) Address 630 Kingshighway

17. (a) Anatomical Board (b) Date thereat JUN 2 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anatomical Board

18. (a) Signature of funeral director W. Richter

(b) Address 3500 Rutger St. JUN 2 1947

19. (a) _____ (b) J. F. Budock
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(c) 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 Carl R. Wegner (M. D. or other) W.D.
Address 630 So. Kingshighway Date signed 5/15/47

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.