

FILED MAY 22 1947

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4810**

1. PLACE OF DEATH:

(a) County **St. Louis Mo.**

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **Funeral Home at 14th St. corner of 3rd**
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution **Under 24 hr**
(Specify whether)

In this community **1** years, months or days

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. **28 1/2 W. 1st**
(If rural, give location)

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

If yes, name country

3. (a) PRINT & FULL NAME **Wendell - Male Infant**

3. (b) If veteran, name war **No**

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **29** year **1947** hour **4** minute **55** M.

21. I hereby certify that I attended the deceased from **1947** to **1947**

4. Sex **Male** 5. Color of race **W**

6. (a) Single, widowed, married, divorced **Wid**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **undetermined** years (Day) (Year)

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

that I last saw him **alive** on **1947** and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

undetermined yr. min.

Immediate cause of death **Body badly decomposed, found on vacant lot at NW corner of 1st & 3rd streets around 4:55 P.M. - 4-29-47**

Due to **same cause - manner of same could not be determined**

Other conditions (Include pregnancy within 3 months of death) **Open Verdict**

Major findings: Of operations

Of autopsy **1947**

9. Birthplace **Wendell** (City, town, or county) (State or foreign country)

10. Usual occupation **Wendell**

11. Industry or business **Wendell**

12. Name **Wendell**

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

14. Maiden name **Wendell**

15. Birthplace **Wendell** (City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant **Thos. J. Blaylock**

(b) Address **2900 Clark**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **5-13-47** (Month) (Day) (Year)

(c) Place: burial or cremation **CITY CEMETERY**

18. (a) Signature of funeral director **Peoples Trust Co**

(b) Address **3100 Franklin**

19. (a) **MAY 13 1947** (Date received local registration) (b) **J. F. Bredeck** (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) **Open Verdict**

(b) Date of occurrence **4-29-47**

(c) Where did injury occur? **St. Louis Mo.** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **No**

While at work? **No** (Specify type of place) (d) Means of injury **2**

23. Signature **Thos. J. Blaylock** (M. D. or other) **2**

Address **2900 Clark** Date signed **5/31/47**

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

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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.