

FILED AUG 4 1947
Registration District No. 2069

Primary Registration District No. 2069

Registrar's No. 1873

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's 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 Missouri (b) County St. Louis

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

(d) Street No. 3689a Laclede Avenue.
(If rural, give location)

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

3. (a) PRINT FULL NAME Infant Marin

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1947 hour 8 minute 30 P. M.

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: July 19 1947
(Month) (Day) (Year)

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

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

Immediate cause of death: Previsible fetus - 6 months gestation

Due to: P. pernatation rupture of membranes

Due to: 159

9. Birthplace: Richmond Heights Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Infant

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

11. Industry or business.....

12. Name: Jean Marin

13. Birthplace: Pine Lawn Missouri
(City, town, or county) (State or foreign country)

14. Maiden name: Ruth Marion Monney

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

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause of which death should be charged statistically.

16. (a) Informant: Jean Marin

(b) Address: 3689a Laclede Avenue.

17. (a) Burial (b) Date thereof: 7/21/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cemetery

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?.....
(Specify type of place)

While at work?..... (e) Means of injury.....

18. (a) Signature of funeral director: Albert H. Hoppe

(b) Address: 4700 Washington Blvd.

19. (a) 7-24-47 (b) Carol J. [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature: Eugene T. [Signature] M.D. or other MD

Address: 100 Theatre Bldg Date signed: 7/21/47

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

7/10/47

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..... NO EMBALM

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.