

FILED MAR 8 1948

Registration District No. 517

Primary Registration District No. 3069

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Mary's Hospital 0  
(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 96  
(c) City or town Normandy 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5310 Englewood 0  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Baby Edgar

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 2 1948  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 0 5 hr. min.

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

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

12. Name Wallace Edgar

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

14. Maiden name Mary Boyer

15. Birthplace Potosi Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Wallace Edgar

(b) Address 5310 Englewood

17. (a) Burial (b) Date thereof 2-3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Potosi, Mo.

18. (a) Signature of funeral director Boyer Funeral Home

(b) Address Potosi, Mo.

19. (a) 3-3-48 (b) Boyer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2  
year 1948 hour 5 minute 10 A.M.

21. I hereby certify that I attended the deceased from March 2 1948 to March 2 1948  
that I last saw her alive on March 2 - 1948, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Atelectasis Duration \_\_\_\_\_

Due to Prematurity 7 mos

Due to \_\_\_\_\_ 159

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.

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 term of place) (e) Means of injury 0

23. Signature L. M. Boyer (St. D. or embler)  
Address 4500 New St Date signed 3/3/48

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

MOTHER FATHER

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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..... 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.**