No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10169

FILED APR 7 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3118

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

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: Barnes-Jewish General
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 1/2 hours (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

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

(d) Street No. 2353 Wood
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) N.R.

If yes, name country

3. (a) PRINT FULL NAME Infant Fontenberry

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced (1)

6. (b) Name of husband or wife

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

7. Birth date of deceased 3 (Month) 9 (Day) 48 (Year)

8. AGE: Years | Months | Days | If less than one day 2 hr. 30 min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Lawrence Fontenberry
13. Birthplace Bono (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name Vida Howe
15. Birthplace Jonesboro (City, town, or county) Ark (State or foreign country)

16. (a) Informant Lawrence Fontenberry
(b) Address Overland, Mo

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof MAR 31 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Anatomical Board

18. (a) Signature of funeral director Rowland Mortuary Service
(b) Address 4104 Manchester Ave.

19. (a) MAR 31 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th year 1948 hour 2:45 minute 45 A.M.

21. I hereby certify that I attended the deceased from 12:10 A.M. 8 March, 1948 to 2:45, 1948 A.M. that I last saw h. alive on 8 March, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth. - approximately 4 1/2 mo gestation incompatible life

Due to Induced abortion - not

Due to NOT therapeutic!

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph N. Wilson (M. D. or other) M.D.

Address 3649 Vista Ave. St. Louis Date signed 8 Mar 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.