

FILED APR 30 1948
Registration District No. 318

Primary Registration District No. _____

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution.....
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **13 days**
(Specify whether
In this community..... **13 days**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... **Missouri** (b) County..... **000**
(c) City or town..... **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No..... **3312 A N. 11th St.,** **9**
Memorial **26** (If rural, give location) **0**
(e) Citizen of foreign country?..... **NO** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **BABY GIRL JONES**
3. (b) If veteran, name war..... **---**
3. (c) Social Security No. **---**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month..... **April** day..... **21st**
year..... **1948** hour..... **10** minute..... **10 P.** M.

4. Sex..... **female** 5. Color or race..... **white**
6. (a) Single, widowed, married/
single divorced..... **single**
6. (b) Name of husband or wife..... **newborn**
6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased..... **April 8th, 1948**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... **4/8/48**
19..... to..... **April 21st** 19..... **48**
that I last saw her alive on..... **April 21st** 19..... **48**
and that death occurred on the date and hour stated above.

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

Immediate cause of death.....
Premature

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

Due to.....
Due to..... **159**
Other conditions.....
(Include pregnancy within 9 months of death)

10. Usual occupation..... **nil**

11. Industry or business.....
12. Name..... **Raymond Jones**
13. Birthplace..... **Granite City, Ill.**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Grace Smith**
15. Birthplace..... **Oklahoma**
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause of which death should be charged statistically.

16. (a) Informant..... **M. Renard**
(b) Address..... **St. Louis City Hospital**
17. (a) (Burial, cremation, or removal)..... **Burial** (b) Date thereof..... **4-26-48**
(Month) (Day) (Year)
(c) Place: burial or cremation..... **balcony**
18. (a) Signature of funeral director..... **Eileen Kachorin**
(b) Address..... **3516 N. 44th St**
19. (a) **APR 24 1948** (b) **J. F. Bralock**
(Date received local registration) (Registrar's signature)

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 type of place)
(e) Means of injury..... **0**
23. Signature..... **J. J. Keller** **11/22/48**
3515 Lafayette (Date signed)
Address..... Date signed.....

Not Embalmed

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 *Edward Kosh*

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.