

FILED JUL 15 1948

318

1003

Registration District No. 7

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Childrens Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME BABY GIRL Farmer

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex female / 5. Color or race white
 6. (a) Single, widowed, married, divorced infant
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased June 28th 1948
 (Month) (Day) (Year)

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

9. Birthplace Elvins Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Infant

11. Industry or business.....

MOTHER FATHER { 12. Name Tives Charles Farmer
 13. Birthplace Patton Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Pauline Hanson
 15. Birthplace Boss Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Tives Charles Farmer
(b) Address Elvins, Missouri17. (a) removal (b) Date thereof 7-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Flat River, Missouri18. (a) Signature of funeral director Caldwell Funeral Home(b) Address Flat River, Missouri19. (a) JUL 1 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francis
 (c) City or town Elvins
 (If outside city or town limits, write "RURAL")
 (d) Street No. N.R. (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1948 hour 10:30 minute..... A. M.21. I hereby certify that I attended the deceased from.....
6-29 1948, to..... 7-1 1948
that I last saw h. or alive on..... 7-1 1948;
and that death occurred on the date and hour stated above.Immediate cause of death.....
HebctasisDue to aspiration?Due to Prematurity / 157Other 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 type of place)
(e) Means of injury.....23. Signature Gilbert B. Forbes (M. D. or other)
Address 500 South Kingshighway Date signed.....

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.

Not Embalmed.
Signed

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.