

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

MAR 12 1936

2224 791  
1003

47836  
2165

1. PLACE OF DEATH

County.....

Registration District No.....

File No.....

Township.....

Primary Registration District No.....

Registered No.....

City ST Louis (No. 592 Dr Paul Hospital)

St. Ward)

2. FULL NAME Infant Louis

(a) Residence, No. 5921 Bilmor Ave St. 7 Ward.

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ---

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1936, to Feb 23, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23 1936

I last saw him alive on Feb 23, 1936 Death is said to have occurred on the date stated above, at 9:15 PM

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

Still-born Date of onset Feb 23/36

Other contributory causes of importance:

Very enlarged Hydrocephalic Head.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

FATHER 13. NAME Edward Louis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

What test confirmed diagnosis? Clinical Was there an autopsy? No

MOTHER 15. MAIDEN NAME Margaret Schneider

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

17. INFORMANT (ADDRESS) Edw Louis 5921 Bilmor Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem DATE July 29 1936

19. UNDERTAKER (ADDRESS) Rudolfsheim Funeral Home 1936 St Louis Ave

20. FILED FEB 27 1936 J P Bredeck Registrar.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury \_\_\_\_\_, 19\_\_\_\_ Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_ (Signed) Rudolfsheim, M. D.

(Address) 4929 Union Blvd 64 60

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

