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

32468
Do not use this space.

OCT 14 1937

1. PLACE OF DEATH
(a) County
(b) Township
(c) City Saint Louis, Missouri. (d) Street No. St. Anthony Hospital. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 791
Primary Registration District No. 1002
Registered No. 8522

2. PRINT FULL NAME Stillborn of Fred & Delia Cloedy.
(a) Residence, No. 4009a Keokuk Street. St. 16
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 10th, 1937.

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
0	0	0	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis, Missouri.

FATHER
13. NAME Fred Cloedy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis, Missouri.

MOTHER
15. MAIDEN NAME Delia Brizzlora
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis, Missouri.

17. INFORMANT Fred Cloedy
(ADDRESS) 4009a Keokuk Street.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old S.S.Peter & Paul DATE September 10, 37.

19. FUNERAL DIRECTOR Zeigenhein Bros.
(ADDRESS) 2623 Cherokee Street.

20. FILED SEP 10 1937 J. J. Biedeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10th 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1937, to Sept 10, 1937.
I last saw h. — alive on Stillborn, 19.... Death is said to have occurred on the date stated above, at 7 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillborn	

Other contributory causes of importance:
1. Hydrocephalus
2. Placenta Previa

Name of operation Delivery Date of Sept 10 37
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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) Julius Chas. Kotter, M. D.
(Address) 2603 Cherokee

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, William - Ziegenhein, Licensed Embalmer No. 1004

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Wm Ziegenhein

Licensed Embalmer No. 1004.

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.)