

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

**32977**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St. Louis Mo** (d) Street No. **4th Anthony Hospital** Registered No. **9031**  
(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.

**2. PRINT FULL NAME**

**INFANT OF OLIVER & THERESE SCHICK**  
(a) Residence, No. **2829 OHIO AVE** St. **24**  
(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) **SINGLE**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **SEPT. 27 - 1937**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
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) **ST. LOUIS MO**  
(STATE OR COUNTRY)

13. NAME **OLIVER SCHICK**  
14. BIRTHPLACE (CITY OR TOWN) **ST. LOUIS MO**  
(STATE OR COUNTRY)

15. MAIDEN NAME **THERESE MUNZER**  
16. BIRTHPLACE (CITY OR TOWN) **ST. LOUIS MO**  
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) **O. E. Schick**  
**2829 OHIO AVE**

18. BURIAL, CREMATION, OR REMOVAL PLACE **ST. PETER & PAULS** DATE **SEPT. 28** 19**37**

19. FUNERAL DIRECTOR (ADDRESS) **J. H. Glick & Son Co**  
**2630 Grand**

20. FRI **SEP 27 1937** **J. H. Bredeck**  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 27th** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 27** 19**37** to **Sept 27** 19**37**  
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **1:20** a. m.  
The principal cause of death and related causes of importance were as follows:

**Still Birth - collapsed cord.**  
Date of onset **2-20-37**

Other contributory causes of importance:

Name of operation **none** Date of.....  
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?  
If so, specify **water heater** M. D.  
(Signed) **3318 S. Grand**  
(Address)

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
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. Wingbermuehle  
Licensed Embalmer No. 1231

**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.)**