

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 91

CERTIFICATE OF DEATH

REC'D OCT 12 1938

30635
Do not use this space.

1008

8072

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City St. Louis (d) Street No. St. Anns 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.

2. PRINT FULL NAME Infant Of Frank And Helen Scheffer

(a) Residence, No. 4122a Shreve St. 7 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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) Stillborn

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-11-1938

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

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11 1938

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 3:30 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 0

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

OCCUPATION 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

abortion (about 3 solar months gestation)
Date of onset

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

Other contributory causes of importance:

FATHER 13. NAME Frank Sheffer

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

Name of operation Date of

MOTHER 15. MAIDEN NAME Helen Klinger

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

What test confirmed diagnosis? Was there an autopsy?

17. INFORMANT (ADDRESS) Frank Sheffer 4122A Shreve

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.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Sept. 12, 1938

Manner of injury Nature of injury

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stroott Carroll 4600 Natural Bridge

24. Was disease or injury in any way related to occupation of deceased?

20. FILED SEP 12 1938 J. D. ... Local Registrar.

If so, specify (Signed) Percy H. Swahlen M. D. (Address) St. Anns Hospital, St. Louis

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 *No Embalming*

Licensed Embalmer No. *3382*

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, above space should be left blank.