

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.

JUN 15 1940

Registration District No. 794

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Lutheran Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Hours.
 (Specify whether _____)
 In this community _____
 years, months or days 2 1/11

3. (a) PRINT FULL NAME JANE ELLEN FOGELBACH

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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 16 1940
 (Month) (Day) (Year)

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

9. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name John Fogelbach

13. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Ethel Aimer

15. Birthplace St. Louis, Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Fogelbach

(b) Address 3528 Pennsylvania Ave.

17. (a) Burial (b) Date thereof May 17, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director H. H. ...
 (b) Address 2842 Keramec St.

19. (a) MAY 16 1940 (b) _____
 (Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 24
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3528 Pennsylvania Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
1940 year hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to May 16, 1940;
 that I last saw her alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation neonatorum
 Due to _____
 Due to _____

Other conditions (includes 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? _____

(Specify type of place) _____
 (Means of injury) _____
 While at work _____

23. Signature G. H. ... (M. D. or other) _____
 Address 3157 1/2 Park Ave Date signed 5/17/40

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed Loion E. Percy

Licensed Embalmer No. 4094

St. Louis, Mo.
P. O. Address 2842 Meramec St.

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.