

Registration District No. **784**

Primary Registration District No. **111**

Registrar's No. **2191**

1. PLACE OF DEATH

(a) County **St Louis**  
(b) City or town **St Louis Richlight**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St Mary Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 wks**  
(Specify whether

In this community years, months or days) **(UN. NAMED)**

3. (a) PRINT FULL NAME **Baby Boy Schuelker**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced \_\_\_\_\_

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

7. Birth date of deceased **Oct 12 1940**  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months **1** Days **7** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **nil**

11. Industry or business \_\_\_\_\_

12. Name **John Schuelker**

13. Birthplace **Iowa**  
(City, town, or county) (State or foreign country)

14. Maiden name **Lucille Healy**

15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **John Schuelker**

(b) Address **2912 S. 13th**

17. (a) **Burial** (b) Date thereof **Nov 20-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St Peter & Paul**

18. (a) Signature of funeral director **J. H. Healy**

(b) Address **2906 Graves Ave**

19. (a) **NOV 20 1940** (b) **J. R. Meyer**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St Louis mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2912 S. 13th**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **19**  
year **40** hour **3** minute **45 P.**

21. I hereby certify that I attended the deceased from **10-12**  
**1940** to **11/19** **1940**  
that I last saw him alive on **11/19** **1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar pneumonia**

Due to \_\_\_\_\_  
Due to **1576**

Other conditions **meningomyelocle,**  
(Include pregnancy within 5 months of death) **spina bifida, hydrocele**

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy **As above**

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) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature **Mark H. Donagan** (M. D. or other) **/m D**

Address **St. Mary Hosp** Date signed **11/19/40**

Duration

**1 wk**

**Since birth**

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 1940

**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.....

*Thos Lutus*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Thos Lutus*

Licensed Embalmer No. ....

*1619*

P. O. Address.....

*2906 Harris*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**