

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis, Missouri**  
(c) Name of hospital or institution: **St. Louis City Hospital #1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. **9 Days**  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME **Baby Schue #2**

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

4. Sex **Female** 5. Color or race **Wh.** 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 **Dec 8 1940**  
(Month) (Day) (Year)

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

9. Birthplace **St. Louis** (City, town, or county) (State or foreign country) **0**

10. Usual occupation \_\_\_\_\_ **0**

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

12. Name **Raymond Schue** **0**

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

14. Maiden name **Virginia Brees**

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

16. (a) Informant **Raymond Schue**

(b) Address **3018 California**

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation **Int. Rose 11/17/40**

18. (a) Signature of funeral director **Hendler & Co.**

(b) Address **7420 Michigan**

19. (a) **DEC 17 1940** (b) **J. H. Bredbeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3018 California** **24**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **16,**  
year **1940** hour **7:50** minute **A.** M.

21. I hereby certify that I attended the deceased from **December 8,** 19 **40** to **December 16,** 19 **40**, that I last saw her alive on **December 16,** 19 **40**, and that death occurred on the date and hour stated above.

Immediate cause of death **Premature Eclampsia** Duration **3 days**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Cellulitis of abd. wall** **3 days**  
(Include pregnancy within 3 months of death)

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) **no**

(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? \_\_\_\_\_

While at work? **no** (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **J. H. Wallace** (M. D. or other)

Address **City Hosp. St. Louis, Mo.** Date signed **12-16-40**

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

MOTHER FATHER

**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.

*Not Embalmed*

Signed.....

Licensed Embalmer No.....

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.**