

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County ST LOUIS, MO.  
(b) City or town ST LOUIS, MO.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St Louis Children's Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St Louis  
(c) City or town St Louis, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 14 Hacienda Dr. Ladue  
(If rural, give location)  
(e) Citizen of foreign country? No  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 6 day 25  
year 1941 hour 8 minute 150 M.  
21. I hereby certify that I attended the deceased from 6-19, 1941, to 6-25, 1941.  
that I last saw him alive on 6-25, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal bronchopneumonia  
Due to Prematurity  
Due to \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

3. (a) PRINT FULL NAME Baby Boy Korach  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Wht.  
6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased. 6-18-41  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 6 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER  
12. Name Jerome D.  
13. Birthplace Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Rosalind Fay  
15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Shume  
(b) Address 500 So. Kingshighway  
17. (a) burial (b) Date thereof 7-3-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director Ira Hammett  
(b) Address City Health Dept  
19. (a) JUL 30 1941 (b) Registrar's signature J. P. Brodeur  
(Date received local registrar) (Specify type of place) (e) Means of injury \_\_\_\_\_

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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature R. P. Shume (M. D. or other) D  
Address 500 So. Kingshighway Date signed \_\_\_\_\_

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

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**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.....

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, fact should be so stated above.**