

FILED APR 8 1942

791

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 16
(c) City or town St. Louis 000
(If outside city or town limits, write "RURAL") 17
(d) Street No. 3137 Alfred Ave. 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th
year 1942 hour 6 minute A.M. M.
21. I hereby certify that I attended the deceased from 2-24-42
_____ 19. to 3-7- 1942
that I last saw her alive on 3-7- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Toxic encephalitis 2 day
non epidemic
Pyelonephritis
Malnutrition
non calcareous
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death) 406

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

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) _____
While at work _____
Means of injury _____
23. Signature Arnelina Makar (M.D. or other) _____
Address _____ Date signed _____

3. (a) PRINT FULL NAME Shirley Hollenbeck

3. (b) If veteran, name war None 3. (c) Social Security No. None

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 Sept. 6th 1922
(Month) (Day) (Year)

8. AGE: Years 9 Months 6 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation School girl

11. Industry or business _____

12. Name Harry Hollenbeck

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

14. Maiden name Everlyn Huseman
(City, town, or county) (State or foreign country)

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

16. (a) Informant Harry Hollenbeck

(b) Address 3137 Alfred Ave.

17. (a) Burial (b) Date thereof 3-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director _____

(b) Address 4228 So. Kingshighway Blvd.

19. (a) APR 9 1942 (b) J.F. Brudek
(Date received local registrar) (Registrar's signature)

Makar St. Louis Childrens Hosp

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

DR. BARNETT OF DR. ...
At. St. Louis Children's at 10 A.M. Sun.

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 *Eduard M. Permett*

Licensed Embalmer No. *3024*

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.