

FILED JAN 19 1943 818

Registration District No. Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) 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:  
Luthern Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether)  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 1206 Sidney St. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Infant Schmelig

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

4. Sex male 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 January 5, 1943 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 1 hr. min.

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

10. Usual occupation nil

11. Industry or business.

MOTHER FATHER { 12. Name George Schmelig  
13. Birthplace St. Louis Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Dorothy Kuenel  
15. Birthplace St. Louis Missouri (City, town, or county) (State or foreign country)

16. (a) Informant George Schmelig

(b) Address 1206 Sidney St.

17. (a) Burial (b) Date thereof (c) Place: burial or cremation St. Peter and Paul Cm.

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) JAN 7 1943 (b) J. F. Bredeck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6 year 1943 hour 8 minute 50 P.A.M.

21. I hereby certify that I attended the deceased from Jan 5 1943 to Jan 6 1943 that I last saw him alive on Jan 6 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Birth Injury

Due to Sertorial Tears

Due to Precipitation Birth 1 day

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy As above Cause

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. B. Barn (M. D. or other) M.D. Address 2000 S. Broadway Date signed 1/7/43

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

**STATEMENT BY LICENSED EMBALMER**

**NOT EMBALMED**

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 *Mary A. Stewart*

Licensed Embalmer No..... 3722

P. O. Address 412 Duchouquette 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, fact should be so stated above.**