S. No. 2
M—5-42
5-17-39
I X32813

LED APR 9 1943
LED APR 5 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8126

State File No. 2988

Registration District No. 818 Primary Registration District No. 1003 Registrar's No.

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

1. PLACE OF DEATH:

(a) County
(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. Anthony Hospital O
(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 Mo (b) County 000 16 17 9
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3821 Humphrey,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) O
If yes, name country

3. (a) PRINT FULL NAME INFANT BOY * BRIGHTFIELD

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

4. Sex Male
5. Color or race O White
6. (a) Single, widowed, married, divorced O Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 8 hr. 30 min.

9. Birthplace St. Louis (City, town, or county) Missouri O (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name Jean Brightfield
13. Birthplace St. Louis, (City, town, or county) Missouri O (State or foreign country)

MOTHER
14. Maiden name Gertrude Schenkel
15. Birthplace St. Louis, (City, town, or county) Missouri O (State or foreign country)

16. (a) Informant Mrs. Gertrude Schenkel
(b) Address 3821 Humphrey
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/43 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Calvary Cem
18. (a) Signature of funeral director Beiderwieden Funeral Home
(b) Address 1936 St. Louis Ave.
19. (a) MAR 30 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1943 hour 6 minute 15 A. M.

21. I hereby certify that I attended the deceased from Mch 29, 1943, to Mch 29, 1943 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature birth (gestation 5 1/2 mos	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

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? (e) Means of injury O

23. Signature F. G. Pennaud (M. D. or other) MD
Address 3115 So. Grand Date signed 3/29/43

844

(Licensed Embalmer's Statement on Reverse Side)

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 .....

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

working under my personal supervision.

Signed Theo N Beidermeden

Licensed Embalmer No. 506

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.