

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

JUL 24 1943
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6425**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **St. Anthony's Hosp.**
(d) Length of stay: **2 Days**
In this community **0** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **17**
(c) City or town **St. Louis**
(d) Street No. **4508 Pennsylvania**
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Mary Schlanger**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **0** years

7. Birth date of deceased **July 13 1943**
(Month) (Day) (Year)

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

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

10. Usual occupation **Infant**

11. Industry or business **None**

12. Name **Carl Schlanger**
13. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Graf**
15. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Carl Schlanger**

(b) Address **4508 Pennsylvania**
17. (a) **Burial** (b) Date thereof **7-16-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old SS Peter & Paul**

18. (a) Signature of funeral director **B. Schumacher**
(b) Address **3013 Meramec St.**

19. (a) **JUL 5 1943** (b) **J. F. Biedeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **15**
year **1943** hour **9** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **7-13**, 19**43** to **7-15**, 19**43**
that I last saw him alive on **7-15**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Congenital heart lesion**

Due to **None**

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: Of operations **None**
Of autopsy **None**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **None**
(b) Date of occurrence **None**
(c) Where did injury occur? (City or town) (County) (State) **None**
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **None**

23. Signature **Bernard Blah** (M. D. or other) **Blah**
Address **3127 Osage, 4th fl.** Date signed **7-15-43**

Duration **2**
Underline the cause to which death should be charged statistically.

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.....

Not Embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Alvance Beckow

Licensed Embalmer No.

3093

P. O. Address.....

3013 Meramec

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.