S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26972

FILED AUG 18 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7103

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2112 Maury Ave.,
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Baby Pisarek

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 28th 1943 (Month) (Day) (Year)

8. AGE: Years | Months | Days 7 | If less than one day hr. min.

9. Birthplace St. Louis, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Louis J. Pisarek
13. Birthplace St. Louis, Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Audrey Schuessler
15. Birthplace St. Louis, Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Pisarek-father
(b) Address 2112 Maury Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Sullivan Brothers
(b) Address 2849 North Euclid Ave.

19. (a) AUG 6 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4th year 1943. hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 28, 1943 to Aug 4, 1943 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth 7 days Duration

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

23. Signature E. N. Wehling (M. D. or other)
Address 3 a Krieg Building Date signed 8-4-43

(Licensed Embalmer's Statement on Reverse Side)

Dr. H. N. White

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. Albert L. Mayfield

Licensed Embalmer No. 3077

P. O. Address St. Louis, Mo.

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.