

FILED SEP 25 1943

State File No. \_\_\_\_\_

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 2104

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2  
(Specify whether years, months or days)

In this community: \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")

(d) Street No. 5108 Emily Ave., 9  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 1

3. (a) PRINT FULL NAME Infant Schulte.

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. 17, 1943.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				<u>1</u> hr. <u>00</u> min.

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

10. Usual occupation Nil.

11. Industry or business \_\_\_\_\_

12. Name Alfred Schulte

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Regina Deeken

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred Schulte

(b) Address 5108 Emily Ave.,

17. (a) Burial (b) Date thereof Sept. 18, 1943.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.,

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Modiamont Ave.,

19. (a) SEP 20 1943 (b) E. J. Mc Gowan, Jr.  
(Data received from) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17  
year 1943 hour 4.00 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 9/17/43 19\_\_\_\_ to 9/17/43 19\_\_\_\_;  
that I last saw her or alive on 1 1/2 hrs. of life 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Prematurity (23 wks. gestation)

Due to Unknown

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 159  
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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature B. J. Gerwitz, M.D. (M. D. or other) \_\_\_\_\_  
Address 508 N. Grand Date signed 9/18/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3086

Dr. Bernard W. Gerwitz  
Mopt, Bldg.  
2\*5 P.M.  
Je. 4141.

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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.

( No Embalming)

Signed.....

*Joseph W. Clark*

Licensed Embalmer No. 1661

P. O. Address. 1125 Hodiament Ave.,

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.