

FILED APR 28 1944

Registration District No. **370**

Primary Registration District No. **3058**

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Five Days
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME

Infant Thebes

3. (b) If veteran, name war _____ 3. (c) Social Security 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 February 28 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 4 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Francis Thebes

13. Birthplace St. Charles Co., Mo
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Badet

15. Birthplace Montgomery Co., Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Francis Thebes

(b) Address R.R. 3 - St. Charles, Mo

17. (a) Burial (b) Date thereof March 4 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles Rest Home

18. (a) Signature of funeral director H.C. Dillmeyer & Sons Co.

(b) Address 301 N. Second, St. Charles, Mo

19. (a) 3-4-1944 (b) Conrad L. Paul
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Feb 28, 1944 to March 3, 1944

that I last saw him alive on March 3, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis left lung

Due to Prematurity

Due to _____

Other conditions 159
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Atelectasis left lung

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 Vincent A. Schindler (M. D. or other) MD

Address St. Charles, Mo Date signed 3/11/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1340

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number _____

Date Filed 4. 27. 44

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 _____

Was not Embalmed

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed John E. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles 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.