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State File No. _____

FILED JUL 8 1944 318

Primary Registration District No. 1003

Registrar's No. 5719

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: Deaconess Hospital
(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

3. (a) PRINT FULL NAME Karen Jean Scheidt

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

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: June 22 1944
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Charles G. Scheidt
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elvira Blind
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles G. Scheidt
(b) Address 9407 Daisy Lane Ave. Affton

17. (a) Burial (b) Date thereof 6/26/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J.L. Ziegenhein & Son
(b) Address 7027 Gravois Ave.

19. (a) JUN 26 1944 (b) J.F. Budeck
(Date received in this office) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town Affton, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Deaconess Hospital
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th 1944
year _____ hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 22, 1944, to June 24, 1944
that I last saw her alive on June 24, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis

Due to Prematurity 8 mos

Due to _____

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

Major findings: Of operations _____
Of autopsy None

Duration _____
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? _____

While at work? _____ (Specify type of place)
Means of injury SI

23. Signature Henry G. Gingo M.D. (M. I. or other)
Address 634 N. J. Grand Date signed 6-24-44

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

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.....

B. P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address *7027 Gravois*

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.