

FILED JUL 21 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6155**

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
JOSEPHINE 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
17

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. JOSEPHINE HOSPITAL
3322 Vista
(If multiple location)

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

3. (a) PRINT FULL NAME PAUL WICECARYER

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased JULY 11 1944
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
—	—	—	<u>2</u> hr. _____ min.

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business _____

MOTHER FATHER { 12. Name JACOB WICECARYER

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

{ 14. Maiden name PAULINE OSTERKAMP

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

16. (a) Informant Jacob Wicecarver

(b) Address 3322 Vista Av

17. (a) BURIAL (b) Date thereof JULY 11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLD SS Peter + Pauls

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette Av

19. (a) JUL 11 1944 (b) W. F. Bredeek
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1944 hour 1 minute 13.7 M.

21. I hereby certify that I attended the deceased from 2 hours
7:10 - 7:14 PM, 1944 to July 11, 1944;
that I last saw him alive on July 11, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Central Resp. Depression Duration 2 hours

Due to Prematurity

Due to _____

Other conditions JA
(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? _____

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature Walter J. ... (M. D. or other) _____

Address 2602 S. Grand Date signed 7/11/44

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.

not embalmed

Signed..... *Joe B. Volmer*
Licensed Embalmer No. *4014*
P. O. Address *Home 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.