

FILED SEP 8 1944
Registration District No. **318**

Primary Registration District No. **1002**

Registrar's No. **2533**

1. PLACE OF DEATH:

(a) County _____

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

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

(d) Length of stay: In hospital or institution 4 days
(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 Saint Louis
(If outside city or town limits, write "RURAL") 9 19

(d) Street No. 3858 Washington Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Condort, Wayne Stout

3. (b) If veteran, name war No

3. (c) Social Security No. 492-10-9050

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 April 7 1897
(Month) (Day) (Year)

8. AGE: Years 47 Months 4 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Truck Driver

11. Industry or business _____

12. Name Ben Stout

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

14. Maiden name Mary Hendrickson

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

16. (a) Informant Mary Stout

(b) Address 3858 Washington Ave.

17. (a) Burial (b) Date thereof 8/31/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation St. Matthews Cem

18. (a) Signature of funeral director C. J. Schour

(b) Address 3125 Lafayette Ave.

19. (a) AUG 31 1944 (b) J. F. Bredeh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29th
year 1944 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from 8/25/44
19. to Aug. 29th 19. 44

that I last saw him alive on Aug. 29th 19. 44
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia -

Due to Staphylococcus Aureus

Due to General Paralysis

Other conditions General Paralysis
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations none - refused

Of autopsy _____

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)

(e) Means of injury 0

23. Signature K. R. Schlademan (No. of other) _____
Date signed 8/29/44

Address 1515 Lafayette Date signed _____

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

MOTHER FATHER

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.....

Joseph Vollmer

Licensed Embalmer No. *4014*

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.