V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 22 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36319

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 9543

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:
Josephine Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mo
(c) City or town St. Louis 1/2
(If outside city or town limits, write "RURAL")
(d) Street No. ~~Josephine Hosp~~ 4951 Botanical (If rural, give location) 13
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Jo Ann Re

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 3 (Day) 1944 (Year)

8. AGE: Years 0 Months 0 Days 6 If less than one day hr. min.

9. Birthplace St. Louis Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation CHILD

11. Industry or business

12. Name Joseph W Re

13. Birthplace St. Louis Mo (City, town, or county) 0 (State or foreign country)

14. Maiden name Anna Schmidt

15. Birthplace St. Louis Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Joseph W Re

(b) Address 4951 Botanical Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 10 44 (Month) (Day) (Year)

(c) Place: burial or cremation New St Peter Paul

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4228 So. Kingshighway

19. (a) NOV 10 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 8 year 1944 hour 3.30 PM minute M.

21. I hereby certify that I attended the deceased from Nov. 3, 1944, to 11/8, 1944, that I last saw him alive on 11/8, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Gradual obstruction of trachea + suffocation — Duration 5 days

Due to

Due to Trachea esophageal fistula (congenital)

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 157

Of autopsy Fistula between esophagus + trachea congenital

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. G. Millikan (M. D. or other) MD

Address 2608 S. Kingshighway Date signed 11/10/44

(Licensed Embalmer's Statement on Reverse Side)

No Embalmer

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 Edwin D. McDermott

Licensed Embalmer No. 3024

P.O. Address.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 36317
Local Registrar's No. 9543

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for Jo Ann Re died ~~xxxx~~ 11-9-1944, 19....., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 8 should read 0-0-6
Instead of 6-0-5

Item No. 17a should read 11-10-1944
Instead of 11-1-1944

Item No. 20 should read November 9-1944
Instead of November 8-1944

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Kriegshauser Funl Co. Fun. Direc
Relationship.

4228 So. Kingshighway
Present Address.

Subscribed and sworn to before me this 9 day of Nov., 1949

My Commission expires 3-4-53 Ellen C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
—8-43
I X37817

1944
S-36319