

FILED FEB 24 1945
318
Registration District No. _____

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution:
St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Baby Ehmke

3. (b) If veteran, name war. —

3. (c) Social Security No. —

4. Sex m 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb 7 1945
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name Mrs. E. Ehmke

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

14. Maiden name Ruby Ruddick

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

16. (a) Informant Mrs. E. Ehmke

(b) Address 7618 Vermont

17. (a) _____ (b) Date thereof Feb 10 / 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Hope Church

18. (a) Signature of funeral director Donald H. G.

(b) Address 7420 Michigan Ave

19. (a) FEB 9 1945 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17

(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 7618 Vermont
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9th
year 1945 hour 12:45 minute A M.

21. I hereby certify that I attended the deceased from 2/7/45
_____, 19____, to 2/9/45, 19____;
that I last saw h. im. alive on 2/9/45, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to _____

Due to _____

Other conditions _____
(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)

(c) Means of injury _____

23. Signature R. R. Riddick (M. D. or other) _____
1515 Lafayette Date signed 2/9/45

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.....

Licensed Embalmer No.....

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.