

**FILED MAY 26 1945**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **4438**

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

**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:  
St. Anthony 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** Infant Vernon  
**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 Single  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if** \_\_\_\_\_  
alive \_\_\_\_\_ years  
**7. Birth date of deceased.** May 18 1945  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	0	1 hr. 15 min.

**9. Birthplace** St. Louis Missouri  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** nil

MOTHER FATHER

**11. Industry or business** \_\_\_\_\_  
**12. Name** Douglas, Vernon  
**13. Birthplace** St. Louis Missouri  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Rita Zeiter  
**15. Birthplace** St. Louis Missouri  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Douglas Vernon  
**(b) Address** 7613 Minnesota ave.

**17. (a) (Burial, cremation, or removal)** Burial **(b) Date thereof** May 19, 1945  
(Month) (Day) (Year)  
**(c) Place: burial or cremation** Mt. Olive Cemetery

**18. (a) Signature of funeral director** C. Hoffmeister U. & L. Co.  
7814 S. Broadway St. Louis, Mo.

**19. (a) (Date received local registrar)** MAY 19 1945 **(Registrar's signature)** J. F. Budeck

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
7618 Minnesota ave.  
(If rural, give location)  
 (d) Street No. \_\_\_\_\_  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month May day 18  
 year 1945 hour 5 minute 50 M.  
**21. I hereby certify that I attended the deceased from** May 18 1945 to May 18 1945  
 that I last saw him alive on May 18 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Pneumonia  
 Due to \_\_\_\_\_  
Pneumonia dependent of Pleurisy  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
 Of operations \_\_\_\_\_  
 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)  
 (c) Means of injury \_\_\_\_\_  
**23. Signature** Owen J. M. Harris (M. D. or other) MD  
 Address 7606 Michigan Date signed May 18 - 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.....

working under my personal supervision.

Registered Apprentice No. ....

*No Embalming*

Signed.....

*Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address.....

*7814 S. Broadway*

**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.**