S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

3059

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 1 1946

1003

State File No. 900

Registration District No. 318 | Primary Registration District No. | Registrar's No. 819

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:
1126 St. Louis Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 or 15 minutes (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2608 Hadley
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bonnie Sue Schuck

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 infant

6. (b) Name of husband or wife Father-Infant

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

7. Birth date of deceased March (Month) 24 (Day) 1945 (Year)

8. AGE: Years | Months 0 | Days 29 | If less than one day hr. min.

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

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name James Schuck
13. Birthplace Hannibal (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Loretta Whilley
15. Birthplace Ilasco (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Loretta Schuck
(b) Address 2608 Hadley

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-46 (Month) (Day) (Year)
(c) Place: burial or cremation Hannibal, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JAN 24 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 23, day
year 1946 hour 1:15 minute p. M.

21. I hereby certify that I attended the deceased from Jan. 22, 1946 to time of death, 19..; that I last saw her alive on Jan. 23, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Bronchial pneumonia — about 1 wk.
Predisposing cause-malnutrition

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) (e) Means of injury

23. Signature W. S. McCall (M. D. or other) M.D.
Address 1126 St. Louis Ave. Date signed 1-23-46

(Licensed Embalmer's Statement on Reverse Side)

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. B W Wilkinson

Licensed Embalmer No. 3575

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.