

FILED MAY 27 1946

STANDARD CERTIFICATE OF DEATH

State File No. 18716

Registration District No. 318

Primary Registration District No.

Registrar's No. 4394

1. PLACE OF DEATH:

(a) County St. Louis
(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. LOUIS CHILDRENS 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 Marcellus William Middendorf

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 1

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

7. Birth date of deceased AUG 26 1943
(Month) (Day) (Year)

8. AGE: Years 3 Months 8 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation CHILD

11. Industry or business _____

12. Name WILLIAM MIDDENDORFF

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

14. Maiden name FRANCES KASSEN

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

16. (a) Informant WILLIAM MIDDENDORFF

(b) Address NEW BADEN, ILL.

17. (a) REMOVAL (b) Date thereof 5-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Baden, Illinois

18. (a) Signature of funeral director Robert W. Hopper

(b) Address 4700 Washington Blvd

19. (a) MAY 15 1946 J. F. Thedeck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County CLINTON
(c) City or town New Baden
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 14
year 46 hour 6 minute 40 P.M.

21. I hereby certify that I attended the deceased from 3-1, 1946, to 5-14, 1946;
that I last saw him alive on 5-14, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Neuroblastoma of left eye Duration _____

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 Helen E. Thayer (M. D. number) _____

Address St. Louis Childrens Hospital Date signed 5-15-46

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 Henry M. Brummer

Licensed Embalmer No. 4200

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.