

FILED MAY 17 1946
318

Registration District No.

Primary Registration District No.

4121

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 Children's Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 wks
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT
FULL NAME

Janice Kay Schrum

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married,
divorced SO
6. (b) Name of husband or wife
6. (c) Age of husband or wife if
alive 5 years
7. Birth date of deceased April 1 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 5 2 hr. min.

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

10. Usual occupation infant

11. Industry or business

12. Name Ollie Schrum

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

14. Maiden name Ramona Glover

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

16. (a) Informant Ollie Schrum

(b) Address 817 Russell Bl.

17. (a) Burial (b) Date thereof 5-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Clair Co. Valhalla Cem.

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 234 Lafayette Ave

19. (a) MAY 6 1946 (b) J. T. Braden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 23
(c) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(d) Street No. 817 Russell Bl
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 6
year 46 hour 7 minute 25 A.M.

21. I hereby certify that I attended the deceased from 4 - 22 1946 to 5-6 1946
that I last saw her alive on 5-6 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Diarrhea due to
unknown cause

Due to 2
Due to a

Other conditions
(Include pregnancy within 3 months of death) 119

Major findings:
Of operations

Of autopsy

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) (a) Means of injury

23. Signature J. T. Braden (M. D. or other)

Address 500 So. Kingsley Date signed

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

17757

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.....

L R Cooper

Licensed Embalmer No.....

3633

P. O. Address.....

2301 Lafayette

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.