

No. 2
2-45
7-39
X47070

FILED SEP 21 1946
Registration District No. 31A

Primary Registration District No. 1003

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:
Flimin Desloge Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste. Genevieve 95
(c) City or town Ste. Genevieve
(If outside city or town limits, write "RURAL") NR 1
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No) 1
If yes, name country.....

3. (a) PRINT FULL NAME Sally Infant Saling

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced, Infant

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased October 3 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 2 hr. min.

9. Birthplace St. Louis Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business.....

12. Name Fred Saling

13. Birthplace Barnington Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Alice Basler

15. Birthplace Ste. Genevieve Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Saling
(b) Address Ste. Genevieve, Mo.

17. (a) Burial (b) Date thereof 10-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ste. Genevieve, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) OCT 8 1946 (b) J. F. Busick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3
year 1946 hour 5 minute 00 a.m.
21. I hereby certify that I attended the deceased from 3:00 am
Oct 3 1946 to 5:00 am Oct 3, 1946
that I last saw him alive on Oct 3, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity Duration 2 hrs
(5th mo. gestation)
Due to Cause undetermined.

Due to.....
Other conditions none
(Include pregnancy within 3 months of death) 159

Major findings:
Of operations.....
Of autopsy none
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?

(Specify type of place)
While at work?..... (e) Means of injury 0
23. Signature Roy V. Basler (M. D. or other) MD
Address 4500 Olive Date signed Oct 4, 46

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

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.....

No Embalmer....., 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.