

Registration District No. 318

Primary Registration District No. 1003

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:
JEKISH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

3. (a) PRINT FULL NAME PATRICIA M^e ENTEE

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, ~~widow~~ INFANT

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

7. Birth date of deceased DEC. 3 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 0 23 hr. min.

9. Birthplace ST. LOUIS Mo. O
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business

12. Name ROBERT E. M^e ENTEE

13. Birthplace ST. LOUIS Mo. O
(City, town, or county) (State or foreign country)

14. Maiden name ETAEL CONBOY

15. Birthplace St. Louis Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant Robert E. M^e Entee
(b) Address 6364 Devonshire Av.

17. (a) BURIAL (b) Date thereof Dec 28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery 1946

18. (a) Signature of funeral director E. J. Schuch
(b) Address 3125 Lafayette Av.

19. (a) DEC 27 1946 (b) J. Fredesch
(Date received local registrar) (Registrar's signature)

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. 6364 Devonshire
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1946 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 8 1946 to Dec. 26 1946;
and that death occurred on the date and hour stated above.

that I last saw her alive on Dec 26 1946;
Immediate cause of death Inanition

Due to Diarrhea, acute infectious

Due to Undernourished

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations 119

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) (e) Means of injury.....

23. Signature Max Dreibl (M. D. or other) Address 634 N. Grand Date signed 12-27-46

Duration Brief
Age 4-5 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

WHILE PRINTING—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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Joe B. Vollmer*.....
Licensed Embalmer No. *4014*.....
P. O. Address. *St Louis, Mo*.....

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.