

FILED APR 3 1947
318

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 2241

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Saint Louis Maternity Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days (Specify whether)

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. 5637 Miles
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Infant Baby Boy SARTORIUS

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

4. Sex Male 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: February 21, 1947
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 14 hr. 35 min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Arthur Sartorius

13. Birthplace St Louis Missouri
(State or foreign country)

14. Maiden name Olivia Zeller

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

16. (a) Informant Saint Louis Maternity Hospital

(b) Address 630 S Kingshighway, St Louis, Mo

17. (a) Burial (b) Date thereof MAR 28 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anatomical Board MAR 28 1947

18. (a) Signature of funeral director: W. Richter
(b) Address 3500 Webster

19. (a) MAR 28 1947 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22
year 1947 hour 12:15 minute _____ A. M.

21. I hereby certify that I attended the deceased from Feb 21 1947 to Feb 22 1947
that I last saw him alive on Feb 22 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Prematurity 6 mo. fetus
Duration _____

Due to _____
Due to 159

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? _____

(e) While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Willard M. Allen (M. D. or other) M.D.
Address 630 So. Kingshighway St. Louis Date signed 2/28/47

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

MOTHER FATHER

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:

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.