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

#74655
FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED APR 3 1948

Registration District No. 318 Primary Registration District No. 1003

State File No. 10630

Registrar's No. 2848

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 9 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0 00

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3612 N. 25th. St. 9
(If rural, give location)

Memorial 20

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Infant ~~BABY BOY~~ SCHUDE

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased March 13th. 1948
(Month) (Day) (Year)

8. AGE: Years | Months | Days 9 | If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business

FATHER
12. Name Evan D. Schude
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Helen Hovis
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Evan D. Schude
(b) Address 3612a N. 25th. St.

17. (a) Burial (b) Date thereof 3-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cem

18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.

19. (a) MAR 23 1948 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd
year 1948 hour 9 minute 25 P M.

21. I hereby certify that I attended the deceased from 3/13/48
, 19, to March 22nd, 1948
that I last saw him alive on March 22nd, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prematurity	
Diarrhea of newborn	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

157

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Robert L. Gilbert (M. D. or other) Mrs 0
1515 Lafayette 3/23/48
Address Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 John P. Buckholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis Ave

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.