

No. 300
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FEDERAL SECURITY AGENCY
 National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **15068**
 Registrar's No. **903**

Registration District No. **319**

Primary Registration District No. **6076**

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Baden
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
8100-W-Florissant Emerson Elec. Co.
 (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 MMO
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. Milner Hotel
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Irene Vitt
 3. (b) If veteran, name war None
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 5
 year 1948 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex F / race W
 5. Color or race W
 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Harry F.
 6. (c) Age of husband or wife if alive 47 years
 7. Birth date of deceased March 12 1910
 (Month) (Day) (Year)

Immediate cause of death _____
Unknown
 Due to _____
 Due to 2000
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years Months Days If less than one day
38 0 24 hr. _____ min.

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

10. Usual occupation Electrical Worker

11. Industry or business Emerson Elec. Co.

12. Name John Henry
13. Birthplace St. James Mo.
 (City, town, or county) (State or foreign country)
14. Maiden name Lucille Henry
15. Birthplace St. James Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Harry F. Vitt
 (b) Address 2116-Lackland Rd-Overland, Mo.

17. (a) Burial (b) Date thereof 4-9-1948
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Baumann Bros
 (b) Address 2504-Woodson Rd-Overland-14-Mo.

19. (a) 4-8-48 (b) Bevel at St. Louis
 (Date received local registrar) (Registrar's signature)

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) Manner of injury _____
23. Signature Bevel at St. Louis (M. D. on certificate)
 Address Commissioner of Health Date signed _____

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address. Oakland 14 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.