

FEDERAL BUREAU OF INVESTIGATION

National Office of Vital Statistics

FILED AUG 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

27996

State File No.

Registrar's No. 7233

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. ANTHONY'S Hospital
(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)

3: (a) PRINT FULL NAME FRANCIS MACHER

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 D

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

7. Birth date of deceased..... AUG. 15 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
- - - 36 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name RAYMOND MACHER

13. Birthplace EDWARDSVILLE ILL
(City, town, or county) (State or foreign country)

14. Maiden name DOROTHY RADLEC

15. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

16: (a) Informant RAYMOND MACHER

(b) Address 3324 PENNSYLVANIA

17: (a) BURIAL (b) Date thereof AUG 18 - 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: RESURRECTION CEM.

18: (a) Signature of funeral director: Thomas Kutis

(b) Address 2906 GRAVOIS

19: (a) AUG 18 1948 (b) J. F. Biedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 11
(If outside city or town limits, write "RURAL")
(d) Street No. 3324 PENNSYLVANIA 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 17
year 1948 hour 12 minute P. M.

21. I hereby certify that I attended the deceased from Aug 15 1948 to Aug 17 1948
that I last saw him alive on Aug. 17 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: aneurysm due to prematurity (6 1/2 mo. gestation)
Due to at 2:16. 12-48

Due to.....
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: 101
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) NO
(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) (c) Means of injury

23. Signature J. F. Biedeck (M. D. or other)
Address 3804 W. 111th Ave. Date signed 8/12/48

(Licensed Embalmer's Statement on Reverse Side)

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

Leo Budde

Licensed Embalmer No. *3989*

P. O. Address

St. Louis, Mo.

Not Embalmed

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.