No. 2
-1-4-41
5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 13 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28200

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7778

1. PLACE OF DEATH:

(a) County ~~St. Louis~~

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

(c) Name of hospital or institution:
St. Louis Maternity 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 6hrs. 45min.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Brentwood 9
(If outside city or town limits, write "RURAL")

(d) Street No. 8542 White 1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) U.R.

If yes, name country

3. (a) PRINT FULL NAME Schulenberg, Baby Boy

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

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

7. Birth date of deceased September (Month) 2, (Day) 1948 (Year)

8. AGE: Years | Months | Days | If less than one day 6 hr. 45 min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Schulenberg, Albert Fredrick
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Dallas, Mary Ann
15. Birthplace Jefferson City (City, town, or county) Missouri (State or foreign country)

16. (a) Informant records of St. Louis Maternity Hosp.
(b) Address 630 S. Kingshighway, St. Louis, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9/4/48 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM

18. (a) Signature of funeral director L. Mullen Und Co
(b) Address 5165 DELMAR BL.

19. (a) SEP 3 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day third year 1948 hour 12 minute 55 A. M.

21. I hereby certify that I attended the deceased from 7:30 9-2- 1948 to 9-3 1948 that I last saw him alive on 9-2-48 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intracranial Injury Hemorrhage	
Due to birth injury	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 3730 Washington Date signed 9/3/48

(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 No Embalming, Registered Apprentice No.....
working under my personal supervision.

Signed H. G. Farris

Licensed Embalmer No. 3384

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.