

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 42762

FILED JAN 24 1949

Registration District No. 377

Primary Registration District No. 3065

Registrar's No. 2045

1. PLACE OF DEATH:

(a) County ST. LOUIS  
 (b) City or town RICHMOND HEIGHTS  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
ST. MARY'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 INFANT SCHULER

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced INFANT

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if

7. Birth date of deceased 12 22 1948  
 (Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 2 hr. 5 min.

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

10. Usual occupation INFANT

MOTHER, FATHER

11. Industry or business \_\_\_\_\_

12. Name John Schuler

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

14. Maiden name NORMA MIELKA

15. Birthplace ILLINOIS  
 (City, town, or county) (State or foreign country)

16. (a) Informant John Schuler

(b) Address 4005 Wyoming St.

17. (a) BURIAL (b) Date of death DEC-23-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S. St. Peter & Paul

18. (a) Signature of funeral director E. J. Schurer

(b) Address 3125 Lafayette Ave.

19. (a) 12-23-48 (b) Richard Schuler  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis

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

(d) Street No. 4005 Wyoming St.  
 (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

- If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22, 1948  
 year \_\_\_\_\_ hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from Dec 22, 1948 to Dec 22, 1948  
 that I last saw h. 119 alive on Dec 22, 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Post-operative shock

Due to Omphalocele Surgery

Due to \_\_\_\_\_

Other conditions 157M  
 (Include pregnancy within 3 months of death)

Major findings: Herniation of intestines and liver

Of autopsy 5602

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (2) Means of injury \_\_\_\_\_

23. Signature BRGewity (M. D. or other) \_\_\_\_\_

Address 508 N. Grand Date signed 12/22/48

2011 MAR 10 10 10 AM

**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..... *No Embalming* .....

Licensed Embalmer No.....

P. O. Address.....

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

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