

STANDARD CERTIFICATE OF DEATH

10674

State File No.

No. 300
10-48

20207-54

FILED APR 7 1954

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 679

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: rank/step before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 15 hrs.		e. STREET ADDRESS (If rural, give location) 4230 Aubert Avenue 21290	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Baby	b. (Middle)	c. (Last) Schroer	4. DATE OF DEATH (Month) (Day) (Year) Mar. 17, 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH March 16, 1954
9. AGE (In years last birthday) 0 0		10. MONTHS 0	11. YEARS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) Richmond Heights
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Francis Schroer		13b. MOTHER'S MAIDEN NAME Alice Shocklee	14. NAME OF HUSBAND OR WIFE Infant
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Francis Schroer 4230 Aubert	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) None - visible premature		INTERVAL BETWEEN ONSET AND DEATH 20 weeks gestation	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		DUE TO (b) Premature rupture membranes	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>birth</u> , 19 <u>54</u> , to <u>death</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>3-14</u> , 19 <u>54</u> and that death occurred at <u>7 p.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE Erwin T. Huber, M.D. (Degree or title)		23b. ADDRESS No Theatre Bldg	23c. DATE SIGNED 3-17-54
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Mar 18 '54	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
DATE REC'D BY LOCAL REG. 3/17/54	REGISTRAR'S SIGNATURE NEEDLE R. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 4748 Bromschwig and Son W Florissant	

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....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.