

Registration District No. 702 Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: 7023  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Central Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 hours  
(Specify whether years, months or days)  
In this community 6 hours.

3. (a) PRINT FULL NAME INFANT Nemnich. 521  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 21, 1939.  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 6 hr. min. \_\_\_\_\_

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

10. Usual occupation None

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

MOTHER FATHER { 12. Name William Nemnich.  
13. Birthplace St. Louis Co. Missouri.  
(City, town, or county) (State or foreign country)  
14. Maiden name Lillian Polkingham.  
15. Birthplace St. Louis Co. Missouri.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature William Nemnich.  
(b) Address 1340a Hodiamont Ave.

17. (a) Burial (b) Date thereof 12-22, 1939.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lake Charles Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.  
(b) Address 5966-68 Easton Ave.

19. (a) DEC 22 1939 (b) J. B. Brubaker  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri. (b) County 1  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1340a Hodiamont Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 6 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21 th. PM  
year 1939. hour 2 minute \_\_\_\_\_

21. I hereby certify that I attended the deceased from DEC 20,  
1939, to DEC 21, 1939;  
that I last saw him alive on DEC 21, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pruritic eruption of urticaria Duration 1 1/2 weeks

Due to one to half a cubic in delivery  
Down baby aspirated a large amount  
of amniotic fluid

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) \_\_\_\_\_  
(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) (e) Means of injury \_\_\_\_\_

23. Signature John C. Brown (M. D. or other) \_\_\_\_\_  
Address 4518 Washington Date signed DEC 21.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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 3454

David E. Gibson

Registered Apprentice No.

working under my personal supervision.

Signed

David E. Gibson

Licensed Embalmer No. 3454

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 this body is not embalmed, above space should be left blank.**