

DEC 22 1979

Registrar's No. 9229

Registration District No. _____

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(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:
Faith Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 1/4 Hours.
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 4452 Kossuth Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Infant Neuenschwander.
3. (b) If veteran, name war No.
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 November 20 1941.
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 2 hr. 30 min.

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

10. Usual occupation Infant.

11. Industry or business _____

12. Name Roy Neuenschwander.

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

14. Maiden name Irene Baker.

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

16. (a) Informant Roy Neuenschwander.

(b) Address 4452 Kossuth Ave.

17. (a) Burial (b) Date thereof 11-21-41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) NOV 21 1941 (b) J. T. Budeck
(Local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November. day 20
year 1941 hour 7:00 P. minute _____
21. I hereby certify that I attended the deceased from November 20
1941, to Nov. 20 1941
that I last saw ~~him~~ alive on Nov. 20 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia Rivida
Duration 2 Hours

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1/61

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? _____

While at work? _____ (Specify type of place) (e) Means of injury Q
23. Signature Dr. W. O. Lescher (M. D. or other)

Address 3904 Delcote Date signed 11/21/41

dr Lardner
F. Smith Hood

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.....
.....
Licensed Embalmer No.....
P. O. Address.....

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.