

FILED JAN 13 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10958

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:  
Childrens 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)

2. USUAL RESIDENCE OF DECEASED: 46

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

(c) City or town Richmond Heights  
(If outside city or town limits, write "RURAL") NR

(d) Street No. 1113a Ralph Terrace  
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

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

3. (a) PRINT FULL NAME LOUIS ANN SEGELBAUM

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month 12 day 28 year 42 hour 11 minute 30 AM

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

21. I hereby certify that I attended the deceased from 12-23 1942 to 12-28 1942

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

that I last saw h.F.R. alive on 12-28 1942 and that death occurred on the date and hour stated above.

7. Birth date of deceased Dec. 19 1942  
(Month) (Day) (Year)

Immediate cause of death:  
Pneumonia  
Erysipelas

Duration 3 days

8. AGE:	Years	Months	Days	If less than one day
			<u>9</u>	hr. _____ min. _____

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Not done

10. Usual occupation \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

12. Name Willard Segelbaum

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

14. Maiden name Maxine Weiss

15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Willard Segelbaum

(b) Address 1113a Ralph Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Herman Rindhoff

(b) Address 5216 Delmar Blvd.

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

19. (a) DEC 29 1942 (Date received local registrar)

J. F. [Signature] (Registrar's signature)

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address 500 S. Kingshighway Date signed 12-28-42

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

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**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. *Not Embalmed.*

Signed *H. Rindskopf*  
.....  
Licensed Embalmer No. *532207*

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, fact should be so stated above.**