

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

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.

1. PLACE OF DEATH: St Louis

(a) County St Louis

(b) City or town St Louis

(c) Name of hospital or institution: St Marys Inf.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days

In this community 4 days years, months or days

3. (a) PRINT FULL NAME JAMES SHEGOG

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 5. Color or race Colored

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 Oct 4 1943

(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St Louis Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation Infant

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

MOTHER FATHER { 12. Name James Shegog

13. Birthplace Town Creek Ala.

(City, town, or county) (State or foreign country)

14. Maiden name Mildred Sumner

15. Birthplace Carbondale Ill.

(City, town, or county) (State or foreign country)

16. (a) Informant's own signature James Shegog

(b) Address Brooklyn Ill

17. (a) Removal (b) Date thereof \_\_\_\_\_

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St Louis Ill

18. (a) Signature of funeral director J. J. Marshall

(b) Address 2205 North Ave. St. Louis Ill

19. (a) OCT 12 1943 (b) J. J. Bredesch

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County St Clair

(c) City or town Brooklyn N.R.

(If outside city or town limits, write "RURAL")

(d) Street No. 410 Canal St

(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8 year 1943 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from Oct 5, 1943, to Oct 8, 1943

that I last saw him alive on Oct 8 and that death occurred on the date and hour stated above.

Immediate cause of death Diphtheria

Choked

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

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

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

28. Signature J. J. Bredesch (M. D. or other) \_\_\_\_\_

Address St. Louis Ill Date signed 10/11/43

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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 me.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

Ben. H. Baldusini

Licensed Embalmer No.

2420

P. O. Address

P. Harris St.

**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.**