

U. S. No. 2
DOM-5-43
Rev. 5-17-39
1 X36871

State File No.

FILED APR 23 1945 218

Primary Registration District No. 1003

Registrar's No. 3279

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Saint Louis Maternity Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County.....

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

(d) Street No. 155 East Vienna 0
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Infant Wiebusch

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased: April 10, 1945
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1945 hour 10:30 minute A.M.

21. I hereby certify that I attended the deceased from April 10, 1945 to April 11, 1945 that I last saw him alive on April 11, 1945 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
15 hr. min.

Immediate cause of death: Shock

Due to..... unknown

Due to..... 160

Other conditions: (Include pregnancy within 3 months of death)

9. Birthplace: St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations.....

Of autopsy: none

Underline the cause to which death should be charged statistically.

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Harold Wiebusch

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

14. Maiden name Margery Rosendahl

15. Birthplace Willisville, Illinois /
(City, town, or county) (State or foreign country)

16. (a) Informant Saint Louis Maternity Hosp.

(b) Address 630 S. Kingshighway

17. (a) Burial (Burial, cremation, or removal) Burial (b) Date thereof 4-13-45
(Month) (Day) (Year)

(c) Place: burial or cremation Steelville, Illinois

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

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?.....

19. (a) APR 12 1945 (Data received local registrar)
Registrar's signature J. Prudek
(Licensed Embalmer's Statement on Reverse Side)

23. Signature Thymon W. Harat M. D. or other
Address 630 S Kingshighway Date signed 4/12/45
St Louis, Mo

844

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 *Albert L. Happe*
.....
Licensed Embalmer No. *2971*
.....
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.