

No. 2
M-5443
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28230

FILED AUG 27 1946
Registration District No. 317

Primary Registration District No. 3069

State File No. _____
Registrar's No. 1712

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's 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:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2855 a Jefferson Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Infant Morelock
3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 15
year 1946 hour 11 minute P. M.

4. Sex Female 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 August 15 1946
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
8/15/46 - 10:50 pm 19____, to 8/15/46 - 11 pm 19____;
that I last saw her alive on 8/15/46 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days
0 0 0
If less than one day
Born 8/15/46
at 10:50 pm
hr. 10 min.

Immediate cause of death
Prematurity (30 wk.)
Due to Central Placenta Praevia
(spontaneous rupture of
placenta)
Due to _____

9. Birthplace Richmond Heights Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Nil

Other conditions (include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
12. Name Austin Morelock
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Helen Gansner
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Austin Morelock
(b) Address 2855 a S. Jefferson
17. (a) Burial (b) Date thereof Aug. 17, 46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oakdale 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 C. Hoffmeister U. & L. Co.
(b) Address 7814 S. Broadway
19. (a) 8-19-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 0
23. Signature B. W. Gerwitz (M. D. or other)
Address 508 N. Grand Date signed 8/17/46

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

APR 25 1941

Dr. Vermy -
burial -
10-2 fact
Je 4141

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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.