

S. No. 2
DM-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 24 1948
317

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31313**
Registrar's No. **1817**

Registration District No. **3069** Primary Registration District No. **3069**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Hts
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys 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 Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5561 Chamberlain Ave.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

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

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. Sept. 2 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 1 hr. 33 min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Virgil J. Cuendet.
13. Birthplace Turlock, California
(City, town, or county) (State or foreign country)
14. Maiden name Mabel Armstrong.
15. Birthplace New York N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Virgil J. Cuendet.
(b) Address 5561 Chamberlain Ave

17. (a) Cremation (b) Date thereof Sept. 3 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blvd.

19. (a) 9-3-46 (b) R. B. Allen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month Sept. day 2
year 1946 hour 5 minute 45 A.M.
21. I hereby certify that I attended the deceased from 4:12 A.M.
9-2 1946 to 5:45 A.M. 9-2 1946
that I last saw h. aw alive on 9-2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia of newborn & atelectasis
Due to hemorrhage from placenta praevia
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
1600

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 _____
23. Signature R. B. Allen M.D. (M. D. or other) _____
Address 508 N. Grand Date signed 9-2-46

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
6
8
3
20144

Mr. W. H. V. 1091
Meyers, Betty
ME 85172

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 *Clarena H. Murray*

Licensed Embalmer No. *4011*

P. O. Address *St. Louis, Mo.*

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

*Not
Embalmed*