

FILED FEB 13 1948 **318**

Primary Registration District No. **1003**

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: **St. Anthony's Hosp.**
(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: **000**
(c) City or town: **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No.: **4144 Nebraska** **9**
15 (If rural, give location) **5**
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Baby Becker**

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

4. Sex: **F** / race: **W** 5. Color or race: **W** 6. (a) Single, widowed, married, divorced: **S** **(1)**
6. (b) Name of husband or wife: **None** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased: **Jan. 31 1948**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 5 hr. min.

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

10. Usual occupation: **--**

11. Industry or business: **--**

12. Name: **Leonard Becker** **0**

13. Birthplace: **St. Louis Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name: **Jane Seisler**

15. Birthplace: **St. Louis Mo.** **0**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Leonard Becker**

(b) Address: **4144 Nebraska**

17. (a) (Burial, cremation, or removal) **Burial** (b) Date thereof: **Feb. 3, 1948**
(Month) (Day) (Year)

(c) Place: burial or cremation: **Old SS. Peter & Paul**

18. (a) Signature of funeral director: **Weick Bro. Und. Co.**

(b) Address: **2201 S. Grand Blvd.**

19. (a) **FEB 2 1948** (Date received local registrar) (b) **J. F. Brudeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **21** year **48** hour **7** minute **40 P.** M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: **7 1/2 Months Premature Infant**
Due to: **Partial Premature Separation of Placenta**

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

Major findings: Of operations: **159**

Of autopsy: **159**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

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?..... (Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature: **J. F. Brudeck** (M. D. or other) **MD**

Address: **3606 Shaw** Date signed: **2/2/48**

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

3606 Grand
Dr. Hennings
Mrs. 2 - 4 P

11.1.11

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.

No Embalming

Signed.....

Julius J. Krupin

Licensed Embalmer No..... *3497*

P. O. Address..... *2201 S. Grand*

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.