

Registration District No. _____ 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:
DePaul 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 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6 5058 Minerva Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Baby Male Saulka
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Male 0 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 May, 3, 1948
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 3rd
year 1948 hour 2.00 minute A.M.
21. I hereby certify that I attended the deceased from 5/3, 1948, to 5/3, 1948,
that I last saw him alive on _____, 1948,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
0 0 0 2 hr. _____ min.
9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

Immediate cause of death prematurity - 5 1/2 months gestation
Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name Steve Saulka
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Sophia Conrad
15. Birthplace Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Steve Saulka
(b) Address 5058 Minerva Ave.
17. (a) Burial (b) Date thereof 5/4/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cem.
18. (a) Signature of funeral director CHULICK UND. CO. INC
(b) Address 1722 S. Jefferson Ave.
19. (c) MAY 4 1948 J. F. Bradeau
(Date received local registrar) (Registrar's signature)

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?
NO
While at work NO (Specify type of place) (e) Means of injury 0
23. Signature W. White (M. D. or other) MD.
Address 4500 Olive St. Date signed 5/4/48

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

Baby Not Embalmed

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.

Baby Not Embalmed

Signed..... *Alex A. Churuk Jr.*

Licensed Embalmer No..... *4143*

P. O. Address..... *1722 S Jeff.*

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.