

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County ST. LOUIS.
(b) City or town ST. LOUIS.
(c) Name of hospital or institution ST. ANTHONY Hosp.
(d) Length of stay: In hospital or institution 36 HRS.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County 100
(c) City or town ST. LOUIS 17
(d) Street No. 4025 California 9
(e) Citizen of foreign country? NO 0
If yes, name country

3. (a) PRINT FULL NAME MARYLYN ANN SCHLAEBER
3. (b) If veteran, name war - 3. (c) Social Security No. -

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 21
year 1948 hour 63 minute 20 P. M.
21. I hereby certify that I attended the deceased from April 19 1948 to April 21 1948
that I last saw him alive on April 21 1948 and that death occurred on the date and hour stated above.
Duration

4. Sex F I 5. Color W 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 APR. 19 1948
(Month) (Day) (Year)

Immediate cause of death Congenital Heart Disease? My
Due to
Due to 157
Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Day If less than one day
0 0 12 hr. - min

9. Birthplace ST. LOUIS MO (City, town, or county) (State or foreign country)
10. Usual occupation INFANT.

11. Industry or business
12. Name CARL H. SCHLANGER
13. Birthplace ST. LOUIS MO (City, town, or county) (State or foreign country)
14. Maiden name MARGARET GRAF.
15. Birthplace ST. LOUIS MO (City, town, or county) (State or foreign country)
16. (a) Informant Carl Schlanger
(b) Address 4025 California
17. (a) BURIAL (b) Date thereof 4-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation GROSS PETER PAUL
18. (a) Signature of funeral director M. Schumacher
(b) Address 3013 Zionschance
19. (a) APR 22 1948 (b) J. F. Bradeck (Registrar's signature)
(Date received for registration)

Major findings: Of operations
Of autopsies
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 J. D. Resauer (M. D. or other) 2nd
Address 4604 Michigan Date signed 22 Apr 48

PHYSICIAN
Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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..... *Francis Williamson*

Licensed Embalmer No. *3565*

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.