

STANDARD CERTIFICATE OF DEATH

State File No. 21406

FILED JUN 28 1948 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 5493

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: Jewish Hosp. 0
 (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

3. (a) PRINT FULL NAME INFANT HARVEY TRATTNER

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 June 17 1948
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
 hr. 45 min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Norman Trattner13. Birthplace St. Louis Mo. 0
 (City, town, or county) (State or foreign country)14. Maiden name Sylvia Kesslinger15. Birthplace St. Louis Mo. 0
 (City, town, or county) (State or foreign country)16. (a) Informant Norman Trattner(b) Address 7246a Amherst17. (a) Burial (b) Date thereof 6/17/48
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial

18. (a) Signature of funeral director _____

(b) Address 4715 McPherson19. (a) JUN 17 1948 (b) J. F. Brudbeck
 (Date received local registrar) (Registrar's signature)

(c) _____

(d) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96
 (c) City or town University City 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7247a Amherst 5
 (If rural, give location)
 (e) Citizen of foreign country? No. 1 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
 year 1948 hour 6:35 minute A M.

21. I hereby certify that I attended the deceased from 5:50 AM
 1948, to 6:35 AM, 1948

that I last saw him alive on June 17, 1948

and that death occurred on the date and hour stated above.

Immediate cause of death Prothrombin 9 Duration _____
of umbilical cord

Due to _____ 5 min.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations Not done

Of autopsy Not done

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury 0

23. Signature Bernice A. Tomin (M. D. or other) M. D.

Address 4500 Olive St. Louis 8 Mo. Date signed June 17 1948

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

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.....

Not Embalmed

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Francis Judwig

Licensed Embalmer No.....

4829

P. O. Address.....

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.