

FILED DEC 14 1948
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mo. Baptist 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

3. (a) PRINT FULL NAME **EILEEN THIERRY**

3. (b) If veteran, name war **None**

3. (c) Social Security 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 **Dec. 6 1948**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 0 0 12 hr. 30 min.

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

10. Usual occupation **Infant**

11. Industry or business _____

MOTHER FATHER {

12. Name **Joseph Thierry**

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

14. Maiden name **Hilda Schmidt**

15. Birthplace **St. Libory Ill. /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph Thierry**

(b) Address **5346 Magnolia Ave.**

17. (a) **Burial** (b) Date thereof **12 8 48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cem.**

18. (a) Signature of funeral director **Kriegshausler Und. Co.**

(b) Address **4228 So. Kingshighway Bl.**

19. (a) **DEC 7 1948** (b) **J. Blazette**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **5346 Magnolia Ave.**
(If rural, give location)

(e) Citizen of foreign country? **13** (Yes or No) _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **7**
year **1948** hour **2:00** minute _____ A. M.

21. I hereby certify that I attended the deceased from **December 6 1948** to **December 7 1948**
that I last saw her alive on **December 6 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Congenital Stenosis**

Due to **Pre-Maturity - 7 months gestation**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **159**

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature **John B. Orville** (M. D. or other) _____
Address **634 North Grand** Date signed **12/7/48**

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.