

FILED APR 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14128

State File No.

3391

BIRTH NO. 49-025586 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Alton</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Alton</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>605 Summit Ave.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u>		b. (Middle) <u>- - - -</u>		c. (Last) <u>Schade</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>4 14 1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>		8. DATE OF BIRTH <u>4-14-49</u>		9. AGE (In years last birthday) <u>14</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> IF UNDER 24 HRS.: Hours <u>0</u> Min. <u>7</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Wilbert C. Schade Jr.</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Mary Allen</u>			
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Wilbert C. Schade Jr.</u>		ADDRESS					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>159</u>  DUE TO (c) <u>776X</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <u>4/14, 1949</u> to <u>4/14, 1949</u> , that I last saw the deceased alive on <u>4/14, 1949</u> , and that death occurred at <u>10:15 PM</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>65 Fair Oaks</u>		23c. DATE SIGNED <u>4/15/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/15/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		24e. DATE REC'D BY LOCAL REG. <u>APR 15 1949</u>		24f. REGISTRAR'S SIGNATURE <u>[Signature]</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>C. R. Lupton &amp; Sons</u>		ADDRESS <u>7233 Delmar Blv'd.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

1-31

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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

*John Campbell*  
Signed \_\_\_\_\_  
Licensed Embalmer No. \_\_\_\_\_

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.