

S. No. 2
M-5-43
5-17-39
I X36871

DEPARTMENT OF COMMERCE... THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

27344

State File No. _____
Registrar's No. 3373

FILED AUG 19 1946
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson Co.
(b) City or town Kansas City
(c) Name of hospital or institution: St. Louis Hospital
(d) Length of stay: In hospital or institution 7 days
In this community 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau
(c) City or town California Mo
(d) Street No. _____
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Baby Katherine Ann Scheidt
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 4th year 1946 hour 09.35 AM minute _____ M.
21. I hereby certify that I attended the deceased from 2 Aug 1946 to 4 Aug 1946
that I last saw her alive on 4 Aug 1946 and that death occurred on the date and hour stated above.

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 X years

Immediate cause of death Poisoning by Acute Bulbar and Spinal
Due to _____
Due to _____

Duration 3 days

7. Birth date of deceased April 9 1946
8. AGE: Years _____ Months 3 Days 28 25 hr. _____ min. _____

Other conditions 36
Major findings: _____
Of operations _____
Of autopsy Edema of Cord

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

9. Birthplace Missouri
10. Usual occupation infant

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

11. Industry or business X
12. Name Raymond F. Scheidt
13. Birthplace Missouri
14. Maiden name Pauline F. Knorr
15. Birthplace Missouri

16. (a) Informant Raymond F. Scheidt
(b) Address California, Missouri
17. (a) removal (b) Date thereof 8-4-46
(c) Place: burial or cremation California, Missouri

23. Signature Asst. Jones Jr. (M. D. or other) _____
Address Kansas City Mo Date signed 4 Aug 1946

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 8-5-46 (b) Theraldine Holmes

(Licensed Embalmer's Statement on Reverse Side)

26184

AUG 27 1946

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.....
Licensed Embalmer No. 4179
P. O. Address..... K. C. 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.