

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 5973

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, MO.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. John's Hospt.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether
 In this community 2 Wks.
 years, months or days)

8. (a) PRINT FULL NAME CASSIE M. EARNEY 650
 8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife James P. Earney 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased Sept. 15th. 1872
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 9 19 hr. min.

9. Birthplace Steelville Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

FATHER { 12. Name W.B. Weber.

13. Birthplace Knoxville Tenn.
 (City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name MARY ARTHUR

15. Birthplace Steelville Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature James P. Earney

(b) Address 3359 Commonwealth, Maplewood Mo.

17. (a) Burial (b) Date thereof July 7th. 39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director J. D. Braddock

(b) Address 7456 Manchester, Maplewood Mo.

19. (a) III 6 1939 (b) J. D. Braddock
 (Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis
ST. LOUIS, MO.
 (c) City or town Maplewood Mo. 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3359 Commonwealth, Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th
 year 1939 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from July 1st
 1939, to July 4th 1939;
 that I last saw her alive on July 4
 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction
from valvulus small bowel 4 days

Due to _____

Due to _____

Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings: Valvulus jejunum

Of operations _____

Of autopsy _____

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 L. S. Matlock (M. D. or other)

Address 4030 Chautauq av Date signed 7-6-39

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..... *AS Burgess*

Licensed Embalmer No. *4029*

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, above space should be left blank.