

Registration District No. 791 Primary Registration District No. _____

1. PLACE OF DEATH: 1008
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: 3841 Iowa
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 3841 Iowa Avenue
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Sarah E. Marchildon 624
(b) If veteran, name war _____ (c) Social Security No. _____
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Francis 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 12, 1870.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 2nd.
year 1939 hour 2 minute 25 A. M.
21. I hereby certify that I attended the deceased from Aug 30
+ Sept 1st, 1939, to _____, 1939;
that I last saw her alive on Sept 1st, 1939,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
68 8 20 hr. min.

Immediate cause of death — Myocardial Degeneration
Chronic Nephritis
Due to _____
Due to _____
Other conditions Senility
(Include pregnancy within 3 months of death)

9. Birthplace Cape Girardeau, Mo.
10. Usual occupation At home
11. Industry or business _____
12. Name Patrick Garagthy
13. Birthplace Cape Girardeau, Mo.
14. Maiden name Elsie Doyle
15. Birthplace Cape Girardeau, Mo.

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Leon Marchildon
(b) Address 3841 Iowa Avenue
17. (a) Burial (b) Date thereof Sept. 4, '39
(c) Place: burial or cremation Cape Girardeau, Mo.
18. (a) Signature of funeral director J. H. B. Lewis P. O. No. 4. Co
(b) Address 2842 Meramec Street
19. (a) SEP 2 1939 (b) _____

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?
While at work _____
23. Signature J. G. O'Dond (M. D. or other) _____
Address 3951st Groves av Date signed 9/2/39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

Robert F. Gebken

Registered Apprentice No. **187**

working under my personal supervision.

Signed.....

Herman A. Gebken

Licensed Embalmer No. **2120**

2842 Meramec Street

P. O. Address.....**St. Louis, 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, above space should be left blank.