

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2322 Albion Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 yrs
(Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME Emily Constance 523

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife August 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 2, 1861
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 7 If less than one day hr. _____ min. _____

9. Birthplace Trenton, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Samuel Fricker 9

18. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Anna Shiffley
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Alvin Constance

(b) Address 2322 Albion Pl

17. (a) Burial (b) Date thereof 1/11/40
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director W. M. McLanahan

(b) Address 2501 Lafayette Ave

19. (a) JAN 9 1940 (Date received local registrar) J. P. Butler (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 2322 Albion Place
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9
year 1940 hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from Jan. 15
_____ 1937 to _____ 1940
that I last saw her alive on 1/9 _____ 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis Duration 1930

Due to _____

Due to _____

Other conditions arteriosclerosis 1938
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. P. Cleary (M. D. Cleary)
Address 1935 Park Date signed _____

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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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FILED FEB 17 1940

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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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.