

Registration District No. 791Primary Registration District No. 1003Registrar's No. 1564

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 4047 Cleveland Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 In this community 15 months (Specify whether years, months or days)

3. (a) PRINT 350
FULL NAME Mary Rebecca Sitton8. (b) If veteran, name war no 8. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Elijah Sitton 6. (c) Age of husband or wife if alive 82 years
 7. Birth date of deceased June 3 1870
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 8 11 hr. min.9. Birthplace Nebraska (City, town, or county) (State or foreign country)10. Usual occupation housewife11. Industry or business own home12. Name Richard Brown
13. Birthplace Ohio (City, town, or county) (State or foreign country)14. Maiden name Rebecca Jane Allen
15. Birthplace Ohio (City, town, or county) (State or foreign country)16. (a) Informant's own signature H. B. Sitton(b) Address 813 E Church Union City17. (a) Dupo, Illinois (b) Date thereof 2-14-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Albert L. Dasher(b) Address Dupo, Illinois19. (a) FEB 15 1940 (b) J. F. Bisher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4047 Cleveland Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14th
year 1940 hour 12:30 minute 0 M.21. I hereby certify that I attended the deceased from 1938
_____, 19____, to Feb 14 1940, 19____;
that I last saw her alive on Feb 13, 19____,
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of Rectum Duration 3 yearsDue to arteriosclerosis, general arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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 Leaf Gattler (M. D. or other) MOAddress 607 N Grand Date signed 2-15-40

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.

607 H. Grand

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 Me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. Plains Ill

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.