

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

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.

Registration District No. 7911

Primary Registration District No. 3003

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: St. Anthony's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 (Specify whether years, months or days) One Day

3. (a) PRINT FULL NAME JENNIE LYNN MENTZER

8. (b) If veteran, name war none 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 William Mentzer 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased July 15 1888
 (Month) (Day) (Year)

8. AGE: Years 51 Months 8 Days 6 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business Own home

12. Name Alonzo Woods

13. Birthplace unknown. Ill.
 (City, town, or county) (State or foreign country)

14. Maiden name Faunne Hughes

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

16. (a) Informant's own signature Ray Binger

(b) Address 2916 Sunfield Alton, Mo.

17. (a) Burial (b) Date thereof March 24 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia Ill.

18. (a) Signature of funeral director Ray St. Steeper

(b) Address Alton, Illinois

19. (a) MAR 21 1940 (b) _____
 (Date received for registration) (Date of death)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County _____
 (c) City or town Centralia NR
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1021 So. Hickory
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
 year 1940 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Cervical spine and pressure on cord. Durham

Due to One Day

Due to Auto by wounding from Highway

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

Major findings: Of operations 210 g

Of autopsy 28

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) Open Verdict

(b) Date of occurrence Mar 19 1940

(c) Where did injury occur? Car on Ill.
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
NR Public place
 (Specify type of place) (Name of place)

While at work? Auto
 (Specify type of place) (Name of place)

28. Signature Ray St. Steeper (M. D. or other)

Address Alton, Illinois Date signed 3-21-40

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 Robt H. Steeper

Licensed Embalmer No. 2474

P. O. Address Alton Illinois

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.