

FILED JUN 15 1940 791

1003

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: St Louis Children's Hospital!
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME FIR ESTINE, Shirley IRENE

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

4. Sex Female 5. Color or race wh. 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased June 19 19'39
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
11 6 hr. min.

9. Birthplace Tribune, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Fred Firestone

13. Birthplace Bloomington, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ethel Creech

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

16. (a) Informant D. Dummus

(b) Address 500 S. Kingshighway

17. (a) Burial (b) Date thereof 5-27-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Big Piney, Mo.

18. (a) Signature of funeral director Geo L. Reubel, Jr.

(b) Address 5966-68 Eastern Ave.

19. (a) MAY 26 1940 (b) J. F. Brubaker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1940 hour 7 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from May 3
1940, to May 25, 1940
that I last saw her alive on May 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Eczema
Pneumonia Broncho

Duration
1 1/2 mo
2 days

Due to _____

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?
844

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

23. Signature ROBETH (M. D. or other) _____

Address 500 S. Kingshighway Date signed _____

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

MOTHER FATHER

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.....

Lemona W. Harger, Registered Apprentice No. 2678
working under my personal supervision.

Signed Lemona W. Harger
Licensed Embalmer No. 2678

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.