

Registration District No. 171911 17-1940 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Bethesda Hospital
(d) Length of stay: In hospital or institution 5 Weeks 4 Day's
In this community More than 50 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town 5660 A Cabanne Ave.
(d) Street No. St. Louis, Missouri.
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 30 year 1940 hour 12.00 minute midnight

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

that I last saw him _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death: Crackup of left hip
which occurred in fall
at home at 5660
Due to
1940 fall 12.30 P.M.

Other conditions (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) Accident
(b) Date of occurrence Apr. 27 1940
(c) Where did injury occur? St. Louis Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? _____ (Specify type of work) _____
(b) Means of injury Falls

23. Signature Alfred J. ... (M. D. or other) _____
Address St. Louis, Mo Date signed 4/27/40

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

3. (a) PRINT FULL NAME Mary Hadlock 342

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

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

7. Birth date of deceased Unknown 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Unknown

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

14. Maiden name _____

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

16. (a) Informant Nellie Wanhoff

(b) Address 3702 Palm St.,

17. (a) Burial (b) Date thereof June 6, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Thos. Paschedag

(b) Address 2825 N. Grand Blvd.

19. (a) JUN 4 1940 (b) J. F. Dredek
(Date received local registrar) (Registrar's signature)

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

J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address

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.