

1940 AUG 25 1940 791
Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County 1
(b) City or town _____
(c) Name of hospital or institution: City Hospital
(d) Length of stay: In hospital or institution Three months
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town St. Louis, Mo.
(d) Street No. 1844 Barr
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th
year 1940 hour 12:00 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from 4-5-40
July 5, 1940 to July 8, 1940
that I last saw him alive on July 8, 1940
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Katherine Traylor

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

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

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

7. Birth date of deceased Aug 1876
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Homemaker

11. Industry or business _____

12. Name Caroline Debbles

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

14. Maiden name Unknown

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

16. (a) Informant Rev. H. Asher

(b) Address 1927 Franklin Ave.

17. (a) Burial (b) Date thereof July 11, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walsh Hall, Beer

18. (a) Signature of funeral director Chas. A. Bull

(b) Address 4457 Washington St

19. (a) JUL 10 1940 (b) J. F. Beck
(Date received local registrar) (Registrar's Signature)

Immediate cause of death Diabetes Mellitus
Diabetic Gangrene (left leg)

Due to _____

Due to _____

Other conditions _____

Major findings: _____

Of operations _____

Of autopsy Chronic Cyanosis
See Above

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. C. J. J. J. J. (M. D. or other) _____

Address City Hospital Date signed 7/10/40

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

MOTHER FATHER

88
01-10-19

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 _____

John Letter

Licensed Embalmer No. 3880

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.