

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5836

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: Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days)

3. (a) PRINT FULL NAME Mary E. White

3. (b) If veteran, name war _____ 3. (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 E. F. White 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased: March 20 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation nil

11. Industry or business _____

12. Name Atha G. Hudson,

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

14. Maiden name Katie Landers

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

16. (a) Informant Wife

(b) Address 437 S Kirkwood Rd.

17. (a) Removal (b) Date thereof 7/11/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Mo.

18. (a) Signature of funeral director Louis H. Bopp

(b) Address 131 W. Argonne, Kirkwood

19. (a) JUL 11 1940 (b) J. H. Bradock
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 437 S. Kirkwood Rd.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 7 day 11
year 1940 hour 2 minute 30 P.M.

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: Fracture of the right hip, falling backwards while descending steps on the sidewalk in front of home, 437 S. Kirkwood Road, St. Louis, Mo., June 19, 1940.

Major findings of operation: unkn.

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accidental

(b) Date of occurrence June 16, 1940

(c) Where and how injury occurred Kirkwood, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about a home, on a farm, in an industrial place, in public place? Home

While at work? No (Specify type of place) (e) Means of injury fall

23. Signature J. H. Bradock (M. D. or other) _____

'Address Deputy Cor. 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.....

Louis H. Bopp

Registered Apprentice No.

working under my personal supervision.

Signed *Louis H. Bopp*

Licensed Embalmer No. *931*

P. O. Address *Kirkwood*

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.