

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **7544**

RECEIVED OCT 25 1940

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 hrs. 15 Mins.
(Specify whether)
 In this community 15 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis **26**
(If outside city or town limits, write "RURAL")
 (d) Street No. 3824 N. Wharf St
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6,
 year 1940 hour 9:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from September
6, 19 40 to September 6, 19 40
 that I last saw h_e alive on September 6, 19 40
 and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary Edema
Carcinoma of Cervix
 Due to with extension into bladder

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

Major findings:
 Of operations _____
 Of autopsy _____

Duration _____
 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) _____
 (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 H. Lattuada (M. D. or other) _____
 Address 1515 Lafayette Avenue, Date signed 9/7/40

3. (a) PRINT FULL NAME Ruth Beatty

3. (b) If veteran, name war no 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 Edward Beatty 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased March 24 1908
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>32</u>	<u>5</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace Jefferson City, Mo. **0**
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife **9**

11. Industry or business _____

12. Name George Stepp **9**

13. Birthplace Unknown
(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 Edward Beatty

(b) Address 3824 N. Wharf St

17. (a) Burial (b) Date thereof Sept-9-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Henry Lachue W. Co.

(b) Address 2223 St. Louis Ave

19. (a) SEP 9 1940 (b) J. J. Medlock
(Date received local registrar) (Registrar's signature)

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

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: *Homer L. Ponder*

Licensed Embalmer No. *3367*

P. O. Address *2223 St. Louis a*

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, fact should be so stated above.