

Registrar's No. 1921

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County ST. LOUIS
(c) City or town PINE LAWN
(If outside city or town limits, write "RURAL")
(d) Street No. 6105 JULIA AVE
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9th
year 1940 hour 10 minute 25 A M

21. I hereby certify that I attended the deceased from 9/10/40
Sept. 9, 1940, to Oct. 10, 1940
that I last saw him alive on October 10th, 1940
and that death occurred on the date and hour stated above.
- Immediate cause of death Cornary Thrombosis
Acute Dilatation of Left Heart
- Duration 5 min.

- Due to General Articularitis: gradual
Heart failure:

- Due to _____

- Other conditions Arrest 1 month 8/20/40 -
(Include pregnancy within 3 months of death)
Cancer 7. Salivary

- Major findings:
Of operations
- 94b
- Underline
the cause t
which deat
should b

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 [Signature] (M. D. or other) [initials]
Address 7520 Nat. Bridge Rd. [illegible] Date signed 11/10/11

(Licensed Embalmer's Statement on Reverse Side)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 _____

Ray W. Wilkinson

Licensed Embalmer No. _____

3575

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.