

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.

JAN 15 1941

Registration District No.

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 City Hospital No. 1.
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

3. (a) PRINT FULL NAME William M. Provence

3. (b) If veteran, name war none
3. (c) Social Security No. 489-12-0079

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

6. (b) Name of husband or wife Ida Provence
6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased October 14, 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 23
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Pevely Dairy Co.

12. Name Thomas Provence

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

14. Maiden name Sarah Jane Foster

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

16. (a) Informant's own signature Mrs. Ida Provence

(b) Address 3208 Kemp Drive

17. (a) Burial (b) Date thereof 12/10/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Shepard Funeral Home
1150 Hamilton Avenue.

(b) Address _____

19. (a) DEC 9 1940 (b) J. N. Buech
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Velda Villiage NR
(d) Street No. 3208 Kemp Drive.
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7, 1940
year 10 hour 55 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Base Skull Subdural Hemorrhage
Suffered About 6:30 PM Dec 7, 1940
When Terraplane Coach Driven
Due to Release Mrs. Stock
by Ford Coach Driven by
Due to Leberts Trip. In front of
About 3640 Chestnut.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 210 m
Of autopsy 22

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 12/7/40

(c) Where did injury occur? Public Place

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

While at work 18 (Specify type of place) _____
Means of injury Auto

23. Signature W. H. Perry (M. D. or other)

Address Shepard Funeral Home Date signed 12/9/40

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.