

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **10624**

1. PLACE OF DEATH:

(a) County Saint Louis
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5574 Chamberlain Ave.
(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 Ida M. Small

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

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

6. (b) Name of husband or wife George H. Small 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 21, 1851
(Month) (Day) (Year)

8. AGE: Years 89 Months 11 Days 3 If less than one day hr. _____ min. _____

9. Birthplace N. Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Alford Wetmore

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

14. Maiden name Mary Pegg

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

16. (a) Informant George Fisher

(b) Address 5574 Chamberlain

17. (a) Burial (b) Date thereof Dec. 27, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton, Ohio.

18. (a) Signature of funeral director Craig Mortuary

(b) Address 4468 Washington Blvd.

19. (a) DEC 28 1940 (b) J. W. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5574 Chamberlain Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24
year 1940 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from on
December 24, 1940, to _____, 1940,
that I last saw her immediately after death
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral arteriosclerosis
General arteriosclerosis

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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 John L. Horner (M. D. or other) _____
Address 1114 N. Taylor Date signed 12-24-40

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

FATHER
MOTHER

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

Philip M. Craig

Licensed Embalmer No. 3281

P. O. Address 4468 Washington Blvd.

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.