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7-39
X23159

43762

State File No. _____

FILED JAN 8 1941
Registration District No. 784

Primary Registration District No. 100

Registrar's No. 2457

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Brentwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Gould Nursing Home
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 7015 Wise Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Trula E. Heslep

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26
year 1940 hour 8 minute 45 A.M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Lewis E. Heslep

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 17, 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 1
1940 to Dec. 26, 1940

that I last saw her alive on December 26, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

68	3	9	hr. min.
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Immediate cause of death Bronchial PNEUMONIA Duration 3 days

9. Birthplace Trenton, Tenn.
(City, town, or county) (State or foreign country)

Due to Senility
General debility

Due to _____

10. Usual occupation At home

Other conditions Pyelitis
(Include pregnancy within 6 months of death)

11. Industry or business _____

MOTHER FATHER {

12. Name Rolla P. Raines

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

14. Maiden name OPhelia -

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

Major findings:
Of operations None

Of autopsy None

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Lewis E. Heslep, Jr.

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? _____

(b) Address 3803 Colonial Ave. North Woods.

17. (a) Burial (b) Date thereof: 12/28/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director _____
(b) Address Clayton Rd. at Concordia Lane.

While at work? _____
(Specify type of place)

(e) Means of injury _____

19. (a) DEC 27 1940 (b) _____
(Date received local registrar) (Registrar's signature)

23. Signature E. L. McCallister M.D. J. ROBERTSON
Address 8825a Manchester Ave. Date signed 12/26/40

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

3 H 2

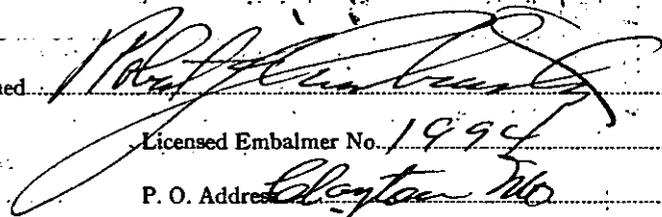
STATEMENT BY LICENSED EMBALMER

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.....


.....

Licensed Embalmer No. 1994

P. O. Address Clayton Mo

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.