

o. 2
13-40
7-39
X23159

REC'D MAR 25 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1484

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
3905 Westminster Place /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 12 Years
(Specify whether years, months or days)

3. (a) PRINT FULLNAME William F. Light

3. (b) If veteran, name war None

3. (c) Social Security No. 498-09-1888A

4. Sex M. 5. Color or race W.

6. (a) Single, widowed, married, divorced / M.

6. (b) Name of husband or wife Anna Light

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased July 9th., 1865
(Month) (Day) (Year)

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

75	7	3	hr. _____ min.
----	---	---	----------------

9. Birthplace / Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business Int. Shoe Co.

12. Name Joseph Light

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

14. Maiden name Lavina Unknown

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

16. (a) Informant Mrs. Anna Light

(b) Address 3905 Westminster Place

17. (a) Burial (b) Date thereof 2-15-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) FEB 14 1941 (b) [Signature]
(Date received for filing) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 1719
(If outside city or town limits, write "RURAL")

(d) Street No. 3905 Westminster Pl. 9
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12th. year 1941 hour 3 minute 50 P. M.

21. I hereby certify that I attended the deceased from Nov 7, 1940 19____ to Feb 12 1941;
that I last saw him alive on Feb 12, 1941 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic myocarditis ?

chronic endocarditis ?

chronic hepatitis ?

Ascites ?

Cardiac decompensation ?

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: none

Of operations none

Of autopsy none

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) no

(b) Date of occurrence no

(c) Where did injury occur? no
(City or town) (County) (State)

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

23. Signature [Signature] (Specify type of place) (Means of injury)

Address 38030 Lindell Date signed 2-17-41

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

pa. 6125

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 W. Van Matre

Licensed Embalmer No. 2825

P. O. Address. 4340 Lafayette

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.