

STANDARD CERTIFICATE OF DEATH

State File No.

12829

Registration District No.

Primary Registration District No.

1003

Registrar's No.

3259

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:
1022 Goodfellow Ave
 (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)

3. (a) PRINT FULL NAME Susie R. Bigelow3. (b) If veteran,
name war None3. (c) Social Security
No. None4. Sex Female 5. Color or
race White6. (a) Single, widowed, married,
divorced Widow6. (b) Name of husband or wife
Charles F. Bigelow6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased Unknown
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
About 80 hr. min.9. Birthplace Kentucky
(City, town, or county) (State or foreign country)10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name John Ferris13. Birthplace Unknown 914. Maiden name ??? (City or town, county) (State or foreign country)
Cusley15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)16. (a) Informant's own signature H. T. Bigelow(b) Address 1022 Goodfellow Ave17. (a) Buried (b) Date thereof April 15, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bellefontaine Cemetery18. (a) Signature of funeral director Petz Brothers(b) Address 3029 Lafayette Ave19. (a) APR 16 1941(b) J. T. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1022 Goodfellow Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
 year 1941 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 5
 1941, to April 14, 1941;

that I last saw her alive on April 12, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral hemorrhage yearsDue to Cerebral arteriovenous

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 Kath Schilken (M. D. or other) _____Address 495 1/2 Maryland Date signed 4-14-41

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

Francis J. Quinn

Licensed Embalmer No. *2248*

P. O. Address *St. Louis 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, above space should be left blank.