

FILED MAY 13 1941

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis.**
(b) City or town **St. Louis.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Broadway & Olive St. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **18 Years** (Specify whether
In this community **18 Years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **0980**
(c) City or town **St. Louis.** (If outside city or town limits, write "RURAL") **77**
(d) Street No. **4260 Athlone Ave.** (If rural, give location) **9**
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **14th**
year **1941** hour **8:55** minute **A.** M.

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

Immediate cause of death **hemorrhage fracture** *Duration*
leg & fracture pelvis
when ran full floor window
of Room 919 Bldg. of
Commerce Bldg at 8:00 o'clock
Date of death **April 14/1941**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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) **Open Wound**
(b) Date of occurrence **4/14/41**
(c) Where did injury occur? **Commerce Bldg** (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Yes Industrial (Specify type of place) (e) Means of injury **fall**
while at work? **Yes** (Specify type of place) (e) Means of injury **fall**

23. Signature **Arthur J. Donnelly** (M. D. or other) **3**
Address **3840 Lindell Blvd** Date signed **4/14/41**

3. (a) PRINT FULL NAME **Eleanor H. Measam.**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **334-18-1755**

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

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

7. Birth date of deceased. **February 3, 1907**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	34	2	1	hr. min.

9. Birthplace **Windsor, Canada**
(City, town, or county) (State or foreign country)

10. Usual occupation **Private Secretary**

11. Industry or business **Harris Bank & Trust Co.**

12. Name **Gilbert Measam.**

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

14. Maiden name **Harveen Smith**

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

16. (a) Informant **Mrs. K. W. Knauer.**
(b) Address **4260 Athlone Ave.**

17. (a) **Burial** (b) Date thereof **4-16-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery.**
(d) Signature of funeral director **Arthur J. Donnelly**
(e) Address **3840 Lindell Blvd**
APR 15 1941 (Date received by Registrar) (f) **J. W. Bredek** (Registrar's signature)

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

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Coroner's Office

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 *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address. *3840 Luadell 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, fact should be so stated above.