

No. 2
4-13-40
-17-39
I X23159

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 Days
(Specify whether

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1217

(d) Street No. 4719 Washington Ave.
(If rural, give location) 9

(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Sarah Armour

3. (b) If veteran, name war No.

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21,
year 1941 hour 6:00 minute A. M.

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife William H.

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

7. Birth date of deceased Aug. 11 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 6, 1941 to June 21, 1941
and that death occurred on the date and hour stated above.

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

68 10 10 hr. min.

Immediate cause of death
Coronary Occlusion

9. Birthplace Perryville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation UnEmployed

Due to _____

Due to _____

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

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Cecelia McCauley

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

Major findings:
Of operations _____

Of autopsy _____

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

16. (a) Informant Grace Armour

(b) Address 4719 Washington Ave.

17. (a) Removal (b) Date thereof 6/23/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cape Girardeau, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) JUN 23 1941 (b) J. W. Breder
(Date received local health officer) (Registrar's signature)

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 M. M. Karl (M. D. or other)
Address 1515 Lafayette Avenue Date Signed 6/21/41

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

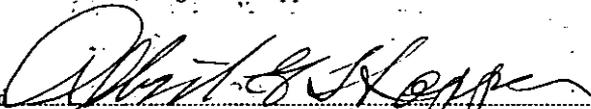
JUL 22 1941

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. 2971

P. O. Address.....

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.