

No. 2
4-12-40
5-17-39
I X23159

Registration District No. 791

Primary Registration District No. 1003

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 1950a Palm St.
(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. (a) PRINT FULL NAME Genevieve M. Mc.Bride

3. (b) If veteran, name war _____
3. (c) Social Security No. None

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

6. (b) Name of husband or wife Edgar T. Mc.Bride
6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Dec. 7 1908
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 6 19 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name John J. Hulcer

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Gustafson

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

16. (a) Informant Edgar T. Mc.Bride

(b) Address 1950a Palm St.

17. (a) Burial (b) Date thereof 6-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

* (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) JUN 27 1941 (b) J. J. Bradek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 126
(d) Street No. 1950a Palm St.
(If rural, give location) 9
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1941 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from 8-26-40
_____, 19____, to 6-26, 1941
that I last saw her alive on 6-26, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of breast & metastasis to skull

Duration 3 yrs.

Due to _____
Due to _____

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

Major findings: Carcinoma of breast

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) _____
(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)
(c) Means of injury _____

23. Signature Chas. J. ... (M. D. or other) MD
Address 3500 N. Grand Date signed 6-27-41

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

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.....

Fred Truck

Licensed Embalmer No. 3186.....

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, fact should be so stated above.