

Registration District No. **1003** 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: **Christian Hospital**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4131 Clay Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Anna Hepburn**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased **September 12, 1876**
(Month) (Day) (Year)

8. AGE: Years **64** Months **9** Days **16** If less than one day _____ 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 Chalcraft**

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

14. Maiden name **Anna Lee Wallace**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Dorothy Hepburn**

(b) Address **4131 Clay Ave.**

17. (a) **Burial** (b) Date thereof **7-1-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery Stroot-Carroll**

18. (a) Signature of funeral director _____ (b) Address **4600 Natural Bridge Ave.**

19. (a) **JUN 30 1941** (b) _____
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **June** day **28**
year **1941** hour **1** minute **55** M.

21. I hereby certify that I attended the deceased from **June 17** 19**41** to **June 28** 19**41**;
that I last saw her alive on **June 27** 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetes mellitus** Duration **5 yrs**

Due to _____

Due to _____

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) _____
(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) (Means of injury)

23. Signature **Eugene L. Arnold** (M. D. or other) **MD**
Address **4356 Warne** Date signed _____

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

179

X28390

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JUL 21 1941
JUL 7 91

Dr. Arnold 6-8

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 *Frank H. Street*
Licensed Embalmer No. 2265
P. O. Address 4679th Bridge

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.