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7-39
X21492

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5447

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri

(c) Name of hospital or institution: City 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

3. (a) PRINT FULL NAME Jeanette H. Roberts

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: September 10, 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>9</u>	<u>20</u>	_____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

12. Name Michael Pourcelly

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

14. Maiden name Elizabeth Guion

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

16. (a) Informant Paul Roberts

(b) Address 5428 Rhodes

17. (a) Burial (b) Date thereof 7-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 274 Second

19. (a) JUL 2 1941 (b) J. J. Breder
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. Luthern Convalescent Home
4359 Craft (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30th
year 1941 hour 8 minute 0 P. 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: Fracture of right femur
Arteriosclerosis. When she
slipped off bed to floor
at Luthern Convalescent
Home, 4359 Craft Ave
on June 19, 1941 about 5:30 PM

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

Major findings: 186a
Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Accident

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence June 12-1941

(c) Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 2 Convalescent Home

While at work: _____ (Specify type of place)

Means of injury: _____

23. Signature W. J. Glover (M. D. or other) 3

Address St. Louis Date signed 7/2/41

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 _____

Raymond Koemann, Registered Apprentice No. 275
working under my personal supervision.

Signed _____

Virgil L. Berryman
Licensed Embalmer No. 4018

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.