

FILED SEP 17 1941 791

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 6862

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:
3341 WISCONSIN AV.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3
On Route City, Registrar's (Specify whether)
In this community _____
years, months or days

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. 3341 WISCONSIN AV.
(If rural, give location)
(e) Citizen of foreign country? No attending Physician (Specify of No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 8 day 22
year 1941 hour 3 minute 20 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 Cerebral Apoplexy

Due to _____

Due to g3a

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

Major findings:
Of operations _____

Of autopsy _____

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 Walter Perry (M. D. or other) _____

Address W. Perry Date signed 8/25/41

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

3. (a) PRINT FULL NAME BERTIE WASHBURN

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife NEAL WASHBURN 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased MAY 1 1880
(Month) (Day) (Year)

8. AGE: Years 61 Months 3 Days 21
If less than one day _____ hrs _____ min.

9. Birthplace 0 MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business OWN.

12. Name MARK HUSKEY

13. Birthplace 0 MO.
(City, town, or county) (State or foreign country)

14. Maiden name MATHILDA PIERCE

15. Birthplace 0 MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Loyd Blake

(b) Address 26513 Rutger St

17. (a) BURIAL (b) Date thereof AUG 25 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WARE MO.

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette St

19. (a) AUG 25 1941 (b) W. Perry
(Date of death as registered) (Registrar's signature)

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

03
0
17
9

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.....

Jose B. Vollmer

Licensed Embalmer No. *41014*

P. O. Address *3125 Lafayette*

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.