

Registration District No. **91** 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:
2425a Blair Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 Years. (Specify whether
In this community 20 Years. years, months or days)

3. (a) PRINT FULL NAME Mollie Street.
3. (b) If veteran, name war. No. 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 Late William Street. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 4 1868. (Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 28 If less than one day hr. min.

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

10. Usual occupation Housework.

11. Industry or business

MOTHER FATHER { 12. Name Eligh Holloway.
13. Birthplace A.S.A. (City, town, or county) (State or foreign country)
14. Maiden name Sallie Martin.
15. Birthplace Arkansas. (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Leemon Street
(b) Address 2425^{1/2} Blair Ave

17. (a) Burial. (b) Date thereof 9-4-41. (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo.

18. (a) Signature of funeral director Hy. Leidner Und, Co.
(b) Address 2223 St. Louis Ave.

19. (a) SEP 3 1941 (b) J. P. Bredack (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") 26 17
(d) Street No. 2425a Blair Ave. (If rural, give location) 9
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2
year 1941. hour 1 minute 25 P. M.

21. I hereby certify that I attended the deceased from Aug 30, 1941, to Sept 2nd, 1941
that I last saw her alive on Sept 2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic myocarditis & infarction
Due to

senility
Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 30

Duration

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) (e) Means of injury 3

23. Signature J. A. Peterson (M. D. or other) 312 1/2 N Grand Address Date signed 9/2/41

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

W. A. Johnson
3131 N. Grand
FR 1244
6-8 P.M.

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

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.