

No. 2
4-13-40
5-17-39
I X23

State File No.

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **10052**

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.....
3710 N. Grand Blvd.
(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 **Percellia Provost.**

3. (b) If veteran, name war..... 3. (c) Social Security No. **497-16-9265**

4. Sex **Female** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Wid. 2**
6. (b) Name of husband or wife **Harry D. Provost.** 6. (c) Age of husband or wife if alive **Deed** years
7. Birth date of deceased **Dec. 17th. 1868**
(Month) (Day) (Year)

8. AGE: Years **73** Months **10** Days **14** If less than one day
.....hr.min

9. Birthplace **Greenville, Ills.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business.....

MOTHER FATHER { 12. Name **Martin Ulmer.**
13. Birthplace **Ills.**
(City, town, or county) (State or foreign country)
14. Maiden name **White.**
15. Birthplace **Ills.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Earl Provost**
(b) Address **3710 N. Grand Blvd.**

17. (a) **Entombment** (b) Date thereof **12-20-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Valhalla Mausoleum**

18. (a) Signature of funeral director **Provost Und. Co.**
(b) Address **3710 N. Grand Blvd.**

19. (a) **DEC 20 1941** (b) **J. P. Medeck**
(Date of local burial) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **10 17**
(If outside city or town limits, write "RURAL") **9**
(d) Street No. **3710 N. Grand Blvd.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **17th.**
year **1941** hour **9.35** minute **P. M.**

21. I hereby certify that I attended the deceased from **Nov 30, 1941** to **Dec 17, 1941**;
that I last saw her alive on **Dec 17, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Permeous Anemia **9-30-38,**

Due to.....
Permeous Anemia, Leukoplakia **9-30-40**

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) (Specify means of injury)

23. Signature **Earl Provost** (M. D. or other) **MD**
Address **3710 N. Grand Blvd.** Date signed **12-19-41**

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

00
17
9

X

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

Robert L. Benkman

Licensed Embalmer No. *3553*

P. O. Address *3710 N Grand*

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.