

Filed FEB 24 1942

1003

Registration District No.

Primary Registration District No.

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: De Paul 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 Mo. (b) County _____
(c) City or town St. Louis Co.
(If outside city or town limits, write "RURAL")
(d) Street No. 6359 Stratford Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary S. Skinner

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

4. Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Daniel Skinner
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 11 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 6 22 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Noah Kendall
13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Sarah E. Sams

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

16. (a) Informant Mrs. Hazel Wallace

(b) Address 6359 Stratford Ave.

17. (a) Burial (b) Date thereof 1-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) JAN 5 1942 (b) J. F. Fubredick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3
year 1942 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from May 15 1944 to Jan 3rd 1942
that I last saw her alive on Jan 2nd 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of breast 4 y
with metastases in
Due to bones.

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

Major findings: No operation
Of operations _____
Of autopsy none made.

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 _____
23. Signature Joseph Davie (M.D. or other)
Address 1504 Delicourt Date signed 1-4-42

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

1506 - Medicines
11 to 12 hours
Caribbean Reg 1 - 3 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 Warren A. Carver
Licensed Embalmer No. 3534
P. O. Address.....

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.