

FILED MAR 5 1942 Registration District No. 789

Primary Registration District No. 2w

1. PLACE OF DEATH:

(a) County. St. Louis (b) City or town. Overland (c) Name of hospital or institution. 2845 Ridgeway Ave. (d) Length of stay: In hospital or institution. In this community years, months or days

3. (a) PRINT FULL NAME EDWIN R. LITTLE.

3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex. Male 5. Color or race. White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Agnes Little. 6. (c) Age of husband or wife if alive. 66 years

7. Birth date of deceased. October 16, 1868. (Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 12 If less than one day hr. min.

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

10. Usual occupation. Carpenter retired

11. Industry or business. Carpenter.

12. Name. John Little.

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

14. Maiden name. Mary Lock. (City, town, or county) (State or foreign country)

15. Birthplace. Dont know. 9 (City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Agnes Little.

(b) Address. 2845 Ridgeway Ave.

17. (a) Burial (b) Date thereof. 3-2-1942. (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Valhalla Cemetery

18. (a) Signature of funeral director. Geo. L. Pleitsch Inc. (b) Address. 5966 Easton Ave.

19. (a) MAR - 1 1942 (Date received local registrar) (b) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. St. Louis (c) City or town. Overland (d) Street No. 2845 Ridgeway Ave (e) Citizen of foreign country? No (Yes or No) If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28th day Feb. year 1942 hour 9 - minute 0 M.

21. I hereby certify that I attended the deceased from Jan 5th 1941 to Feb 28th 1942 and that death occurred on the date and hour stated above.

that I last saw him alive on 27th Feb 1942 and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma of Liver Duration 2 yrs

Due to. Metastasis Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations. Of autopsy. 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. Arnold H. Wurzer (M. D. or other) MD Address. 8900 St. Chas Rd Date signed 2/28/42

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

MOTHER FATHER

3-9-42 420 53

MAR 3 1942

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 3454

David C. Gibson, Registered Apprentice No. _____,
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Eastern St. S. S. S. S.

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.