

Registration District No. 784

Primary Registration District No. 111

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's 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 Missouri (b) County COO
(c) City or town St. Louis, Heights
(If outside city or town limits, write "RURAL") 17
(d) Street No. 1216 Mc Causland 9
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Lucille M. White

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

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

6. (b) Name of husband or wife Paul White 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased October 1, 1884
(Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Grove D. Johnson

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

14. Maiden name Martha Curdling

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

16. (a) Informant Paul White

(b) Address 1216 Mc Causland

17. (a) Burial (b) Date thereof 2/26/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) FEB 26 1942 (b) C. J. McFarland
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Feb day 24
year 1942 hour 7.00 A. M. minute _____ M.

21. I hereby certify that I attended the deceased from June 17 1941 to 2-23 1942
that I last saw her alive on 2-23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Cardio-Vascular-Renal
Due to disease

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

Major findings:
Of operations 1312
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 B. B. Gummel, M.D. (M. D. or J. D.)
Address 1116 Mc Causland Date signed 2-24-42

Duration 1 wk

8 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed.....

Henry Eynck

..... Licensed Embalmer No. *1284*.....

..... P. O. Address *St. Louis Mo*.....

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.