

STANDARD CERTIFICATE OF DEATH

FILED APR 13 1942 791

Registration District No. _____ 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: City Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community about 7 years (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 20009
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2249 R. Montgomery St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Berdie J. Lecroix
3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 28
year 1942 hour 10 minute 00 AM.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John W. Lecroix 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 13, 1869
(Month) (Day) (Year)

Immediate cause of death Hypertrophy of heart
Stroke of lung.
Due to _____
Due to _____

8. AGE: Years Months Days If less than one day
72 7 15 hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 9502
Of autopsy _____

9. Birthplace Springfield Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation housework

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? _____

MOTHER FATHER { 11. Industry or business _____
12. Name unknown
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name Margha G. Gorman
15. Birthplace unknown South Carolina
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
23. Signature J. F. Gredeck (M. D. or other)
Address _____ Date signed 3/30/42

16. (a) Informant E. Dixie Davis
(b) Address 2249 R. Montgomery St
17. (a) burial (b) Date thereof 3-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Goodall & Goodall
(b) Address 2228 St. Louis Ave
19. (a) MAR 30 1942 J. F. Gredeck
(Date received local registrar) (Registrar's signature)

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

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

Licensed Embalmer/No. *2277*

P. O. Address *Howe 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.