

Registration District No. 8x

Primary Registration District No. 11

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis - Rich Heights  
(c) Name of hospital or institution: St. Marys Hospital  
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Perry 999  
(c) City or town Pinckneyville, Ill.  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Sally Ann Stout

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced divorced  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 13 1942

7. Birth date of deceased Jan 13 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 2 7 hr. min.

9. Birthplace Perry co. Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER { 12. Name Orval Stout  
13. Birthplace Perry Co. Ill.  
14. Maiden name Verna Eulaine Bigham  
15. Birthplace Perry Co. Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Orval Stout  
(b) Address Pinckneyville, Ill.

17. (a) Removal (b) Date thereof 3/22/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cotton, Cem. Pinckneyville Ill.

18. (a) Signature of funeral director Albert H Hoppe

(b) Address 4700 Washington

19. (a) 3-23-42 (b) C. D. McLawson M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20  
year 1942 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan. 14, 1942, to March 20, 1942  
that I last saw her alive on March 20, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Hydrocephalus  
Spiral Basilar

Other conditions (Include pregnancy within 3 months of death)

Major findings: Same  
Of operations  
Of autopsy

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?

23. Signature [Signature] M.D. or other  
Address 4952 Maryland Date signed 3/23/42

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

96  
8  
5

707

(Licensed Embalmer's Statement on Reverse Side)

St. Louis, Mo.

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**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

*J. G. Sullivan*

Licensed Embalmer No. *1122*

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.**