

FILED MAY 19 1942 91

1003

Registration District No.

Primary Registration District No.

Registrar's No.

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

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:
DR. PAUL HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 DAYS
(Specify whether years, months or days)

In this community 59 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County.....

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No. ST. MARY ORPHANAGE
5301 ENCLER AVE
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME JULIA FLEMING

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased MAR 17 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 1 24 hr. min.

9. Birthplace..... 1 KY
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business.....

MOTHER FATHER

12. Name..... H. K.

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

14. Maiden name..... H. K.

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

16. (a) Informant Louise Loggins

(b) Address St. Mary Orphanage

17. (a) BURIAL (b) Date thereof MAY 12 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen Hill

(b) Address 17414 M. F. Taylor

19. (a) MAY 12 1942 (b) J. F. Woodcock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from May 11 to May 11, 1942
that I last saw her alive on May 11, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death:
Pulmonary Embolism
Compensated Heart Failure
Due to Myocardial Infarction
Due to Coronary Arteriosclerosis
Other condition Stable Angina
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... 61
Of autopsy..... 59

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) Means of injury.....

23. Signature J. F. Woodcock (M. D. or other).....
Address Miss. Club Bldg Date signed May 12 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.