

FILED AUG 6 1942 91

Registration District No.

Primary Registration District No.

1003

Registrar's No. 6165

000
198
1920
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Lukes Hospital
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 Mo. (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL"
(d) Street No. 1339 Purduke Ave. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SELMA RAGLAND

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1942 hour 8:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Puerperal Status Thymic

Lymphaticus

Due to An Analgesic Ether

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

Major findings: Of operations _____

Of autopsy _____

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) _____ (e) Means of injury 3

23. Signature Thomas F. Allen Deputy Coroner Date signed 7/21/42

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

6. (b) Name of husband or wife Morris P. Ragland 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased November 11 1912 (Month) (Day) (Year)

8. AGE: Years 29 Months 8 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business at home

12. Name Emil Rosenberger

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

14. Maiden name La Belle (City, town, or county) (State or foreign country)

15. Birthplace Morris P. Ragland (City, town, or county) (State or foreign country)

16. (a) Informant Removal (b) Date thereof 7-22-42 (Month) (Day) (Year)

(c) Place: burial or cremation La Belle, Mo.

18. (c) Signature of funeral director Chas. J. Stuart

(b) Address 1225 Union Blvd.

19. (a) JUL 21 1942 (Date received local registrar) (b) J. F. Bredich (Registrar's signature)

1945
1945
1945

St. Johns Hospital
St. Johns Hospital

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ETEMA RICHARD
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1945

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

[Handwritten Signature]

Licensed Embalmer No.

1-8-61

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.