

FILED NOV 6 1942 318

1008

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1yr. 3mos. 24dy s.
In this community About 19years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL") 9/3
(d) Street No. 3629 Dover Pl.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME FRANCES PLANK
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 28
year 1942 hour 6:35 minute A. M.

4. Sex Female / race White 5. Color or 2 divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from 7-5-41, 19____, to 10-28-42, 19____;
that I last saw her alive on 10-28-42, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocarditis with Cardiac decompensation (10-13-42x)

8. AGE: Years Months Days If less than one day
About 77yrs. hr. min.

Due to Senility (10-13-42x)

9. Birthplace Unknown Tennessee /
(City, town, or county) (State or foreign country)
10. Usual occupation Nil

Other conditions Dehydration (10-13-42x)
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name Frank Cadsey
13. Birthplace Unknown Tennessee /
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Tennessee /
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. John E. Carter
(b) Address 5719 Dewey
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-31-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthew
18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.
19. (a) OCT 30 1942 (Date received local registrar) (b) J. F. Prodek (Registrar's signature)

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 J. R. Redman M.D. (M. D. or other)
Address 5400 Arsenal St. Date signed 10-28-42

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..... *Virgil L. Berryman*.....
Licensed Embalmer No..... *4018*.....
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.