

FILCO NOV 4 1942

318

Primary Registration District No. 1003

Registrar's No. 8766

Registration District No.

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Desloge Hospital
(If not in hospital or institution, write street number or location)

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

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 4501 McKinley
(If rural, give location)

(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME Florence W. St. Claire

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21,
 year 1942 hour 9:30a.m. minute..... M.

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 Married

6. (b) Name of husband or wife Frank R. St. Claire

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

7. Birth date of deceased September 11, 1895
(Month) (Day) (Year)

Duration

Immediate cause of death
Surgical Shock; Spinal Anesthesia;
Fibroid of Uterus; while undergoing
an operation at Firmin Desloge
Hospital on Oct. 21, 1942, about
8:40 A.M.

8. AGE:

Years	Months	Days	If less than one day
<u>47</u>	<u>1</u>	<u>10</u>hr.min.

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.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business At Home

MOTHER FATHER

12. Name William Meyer

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

14. Maiden name Margaret Haegerling

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

16. (a) Informant Mr. Frank K. St. Claire

(b) Address 4501 McKinley

17. (a) Burial (b) Date thereof 10-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul

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?
(Specify type of place)

While at work?..... (e) Means of injury.....

18. (a) Signature of funeral director Southern Funeral Home
6322 S. Grand Blvd.

(b) Address.....

19. (a) OCT 22 1942 (b) J. F. Beck
(Date received local registrar) (Registrar's signature)

23. Signature Thomas F. Callahan
 Address Deputy Coroner Date signed 10/22/42

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.