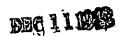
S. No. 2	STATE BOARD OF	EN TH OF MISSOURI	
VI5-42	STANDARD CERTIFICATE OF DEATH State File No. 3810		
. 5-17-39 >> 1 ×32873			
96	Registration District No	rice No. 200 Registrar's No. 248	
10	1. PLACE OF DEATH!	2. USUAL RESIDENCE OF DECEASED: 96	
08	(a) County St. Louis emay	(a) State Missouri (b) County St. Louis (c)	
<i>O</i> 8	(b) City or town	Lemey City or Lown	
<u> </u>	(-,	(c) City or town (if outside city or town limits; write "RURAL")	
Ŧ	128 East Etta (If not in hospital or institution, write street number or location)	(d) Street No. 128 East Etta ((frurs), give bontion)	
E	(d) Length of stay: In hospital or institution	(c) Citizen of foreign country?(Yes or No)	
NA.	In this community	If yes, name country.	
KN	yesrs, months or days)	MEDICAL CERTIFICATION	
꿆	3. (a) PRINT Katherine Wallace		
<	3. (b) If veteran, 3. (c) Social Security	20. DATE OF DEATH: Month NOV. day 18th year 1942 hour 1 minute 30 P.M.	
X	name warNo	Ⅱ	
O INK—MAKE A PERMANENT RECOR	5. Color or 6. (a) Single, widowed, married,	21. I hereby certify that I attended the deceased from	
	4. Sex Female / race White 2 divorced married	that I last saw he alive on Nav 18 19.42	
Ž	6. (b) Name of husband or wife 21.4.KN 6. (c) Age of husband or wife if	and that death occurred on the date and hour stated above.	
1	Deceased alive years	Immediate cause of death Duration	
BLACK	7. Birth date of deceased June 18th 1852	Cerebral Semankage I day	
BL	(Month) (Day) (Year)		
ပ္	8. AGE: Years Months Days If less than one day	Due to Tempelized attenochies	
ATO	90 5 0hrmin.		
FA]	a Birtholace St. Louis, Missouri	Due to	
UNFADING	(City, town, or county) (State or foreign country)	Other conditions Chronic nusseascheal	
-	10. Usual occupation nouse-work	(Include pregnency within 3 months of death)	
-USE	11. Industry or business At Home	Major findings:	
, ,	H (12. Name John Reilly	Of operations	
ž	Included (City, town, or county) State or foreign county)	the cause to which death	
IV'	(City, town, or county) (State or foreign country)	Of autopsy should be charged sta-	
WRITE PLAINLY	IBJ G G	tistically.	
33	15. Birthplace. Unknown (State or foreign country)	22. If death was due to external causes, fill in the following:	
'R'	16. (a) Informant Olive Myers	(a) Accident, suicide, or homicide (specify)	
=	(b) Address 5002 Nottingham	(c) Where did injury occur?	
	(b) Address 5002 NOTTINGIAM 17. (a) Burial (b) Date thereof Nov 20, 1942 (Month) (Day) (Year)	(City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place?	
	(c) Place: burial or cremation		
	18. (a) Signature of funeral director. J. Robert	(Specify type of place) While at work? (Specify type of place) What work? (Specify type of place)	
	(N. Addison 1905, South Crowd, Daws	23. Signature Walter Studen, (M. D	
	19. (a): NUV 19 1040 (b) (K/. Mexima at 1812	Address 390.3 Clast S Date signed 1//19/42	
	(Date received local against) (Registrar's signature)	atement on Reverse Side)	
	, (Licensed Embarmer St	are ment of merce one, Spring, "The service of the	



STATEMENT BY LICENSED EMBALMER

	•	Ÿ.
I hereby certify that the body whose name is record	ed on the reverse side of this certificate was embalmed	by me, or by
Thereby colony that the transfer that the transfer to		-,,,
•	Registered Appre	itice No.

working under my personal supervision.

Signed John Kellen

P. O. Address

Licensed Embalmer No. 3880

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.