

FILED FEB 2 1943

Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **803**

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:  
**5351 DELMAR BLVD. /**  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County \_\_\_\_\_  
 (c) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **5351 DELMAR AVE.**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **MARGARET SUSAN NORTH**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **494-22-8248**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **JOHN NORTH** 6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **FEB 15 1881**  
(Month) (Day) (Year)

8. AGE: Years **61** Months **11** Days **9** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **NURSE**

11. Industry or business \_\_\_\_\_

12. Name **LUKE MASON** 13. Birthplace **MISSOURI**  
(City, town, or county) (State or foreign country)

14. Maiden name **SARAH** **D.K.**  
(City, town, or county) (State or foreign country)

15. Birthplace **D.K.** **MISSOURI**  
(City, town, or county) (State or foreign country)

16. (a) Informant **HOMER LAXTON**

(b) Address **1320 N. EUCLID AVE.**

17. (a) **Burial** (b) Date thereof **1-27-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla 53m**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd**

19. (a) **JAN 26 1943** (b) **J. F. Budeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JAN.** day **24**  
 year **1943** hour **7** minute **18 P.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.

Immediate cause of death: **Skull fracture (internal hemorrhage),**  
**bronchocentration of both lungs,**  
**when she was struck by a**  
**streetcar operated by**  
**Edward Jeynski in front of**  
**2340 Delmar Blvd about**  
**7:00 pm 1-24-43**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **1/27/43**  
 Of autopsy **31**

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) **Accident**

(b) Date of occurrence **1-24-43**

(c) Where did injury occur? **St. Louis, MO**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Public Place**  
(Specify type of place)

While at work? **no** (e) Means of injury **streetcar**

23. Signature **Thomas J. Callahan** (M. D. or other) **3**  
 Address **Deputy Coroner** Date signed **1-26-43**

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

*(Handwritten mark)*

**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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address. 3840 Lindell

**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.**