

D JAN 21 1943
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis Mo.**
(b) City or town
(c) Name of hospital or institution: **City Hospital**
(d) Length of stay: In hospital or institution
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **119**
(d) Street No. **18119 Colerain St** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **JENNIE. UNDERWRITER.**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** day **13th**
year **1943** hour **6:15** minute **A.** 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.

4. Sex **female** 5. Color or race **White** 6. (a) ~~Single, widowed, married.~~ **2 divorced** **Widow**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive **80** years
7. Birth date of deceased **Nov. 29th 1863**
(Month) (Day) (Year)

Immediate cause of death
Chronic Myocarditis
Chronic Interstitial Nephritis
Due to _____
Due to **121**
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
79 80 **1** **15** hr. _____ min.
9. Birthplace **Columbi Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home Work**
11. Industry or business _____
12. Name **L. Smith**
13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

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 _____

14. Maiden name **Rebecca Van New**
15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)
16. (a) Informant **Jennie Underwriter**
(b) Address **18119 Colerain St**
17. (a) (Burial, cremation, or removal) **Burial** (b) Date thereof **Jan 15-1943**
(Month) (Day) (Year)
(c) Place: burial or cremation **New Picher Cemetery**
18. (a) Signature of funeral director **J. J. Quinn**
(b) Address **1389 Myrtle Blvd.**
19. (a) **JAN 14 1943** (Date received local registrar) **J. B. Melick** (Registrar's signature)

23. Signature **Thomas F Calleran** (M.D. or other)
Address **Deputy Coroner** Date signed **1-14-43**

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

MOTHER FATHER

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

Harry J. Schumacher

Licensed Embalmer No.

2679

P. O. Address

782 Lemay Road

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.