

ED MAR 20 1943 318

Registration District No. _____

Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2818 Lawton Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **About 70 years** (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME

Maggie Joshmer

3. (b) If veteran, name war **No**

3. (c) Social Security No. **NO**

4. Sex **Female** 5. Color or race **3 Colored** 6. (a) Single, widowed, married, divorced **2 Widowed**

6. (b) Name of husband or wife **Not Known** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Not Known**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 70 years _____ hr. _____ min.

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

10. Usual occupation **Housekeeper**

11. Industry or business **Hudson F**

12. Name **Not Known**

13. Birthplace **Not Known** (City, town, or county) (State or foreign country)

14. Maiden name **Not Known**

15. Birthplace **Not Known** (City, town, or county) (State or foreign country)

16. (a) Informant **Eva Dandridge**
2818 Lawton Ave.

(b) Address **Burial** **March 11 1943**

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

(c) Place: burial or cremation **St. Peters Cemetery**

18. (a) Signature of funeral director **A. L. Beal Und Co.**

(b) Address **2726 Lucas Ave.**

19. (a) **MAR 11 1943** **J. F. Bredeek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **St. Louis, Mo.** County **000**
(c) City or town **St. Louis, Mo.** (If outside city or town limits, write "RURAL")
(d) Street No. **2818 Lawton Ave.** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3/7/1943** day **1943** year **1943** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **3/7/43** to **3/7/43** 19____; that I last saw him alive on **3/7/1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage day**

Due to **Arteriosclerosis**

Due to **Diabetes mellitus**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **Good sugar 510 mg**
Of operations _____

Of autopsy **lot**

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) _____
(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 _____ (M. D. or other) _____
Address _____ Date signed _____

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4219 E. Bayfield

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.