

FILED JUN 25 1943
518

Registrar's No. 5524

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
 (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:
Missouri Baptist Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... Texas
 (c) City or town..... Licking
 (If outside city or town limits, write "RURAL")
 (d) Street No.....
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Molly White
 3. (b) If veteran, name war..... 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
 year 1943 hour 10 minute P M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
 alive..... years
 7. Birth date of deceased September 6 1865
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 43, 19..... to April 15 43
 that I last saw him alive on April 15 43, 19.....
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
77 9 9 hr. min.

Immediate cause of death.....
Coronary thrombosis
 Due to Myocarditis
 Due to Cholecystitis

9. Birthplace Alton Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions..... (Includes pregnancy within 3 months of death)
98

MOTHER FATHER { 12. Name Patrick Henry
 { 13. Birthplace Unknown Unknown
 { 14. Maiden name Anna Yeager
 { 15. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations.....
 Of autopsy.....

16. (a) Informant Aron Triplett
 (b) Address 621 Bond St, East St. Louis,

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....

17. (a) Burial (b) Date thereof 6/17/43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(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?

(c) Place: burial or cremation Licking, Missouri

While at work?..... (Specify type of place)
 (e) Means of injury.....

18. (a) Signature of funeral director Albert H Hoppe, Inc
 (b) Address 4700 Washington Blvd.

19. (a) Signature J. J. Braden (M. D. or other) April 15 43
 (Date received local registrar) (Registrar's signature) Address 4932 Date signed.....

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

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed..... *Henry M. Brammer*.....

Licensed Embalmer No..... *4200*.....

P.O. Address.....

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.