

FILED JUL 17 1943 18

1003

Registration District No.

Primary Registration District No.

Registrar's No.

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

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:  
Enroute City Hospital 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community 12 Years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")

(d) Street No. 1746 Waverly Pl.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

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17  
923

3. (a) PRINT FULL NAME SALLY EDWARDS

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

3. (c) Social Security No. No

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased April 21st 1943 1886  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	2	12	..... hr. .... min.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Wm. Stringer

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Aleslie Edwards

(b) Address 1818 Hickory

17. (a) Burial (b) Date thereof July 5th 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) JUL 5 1943 J. P. Bredeck  
(Date of local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd  
year 1943 hour 2 minute 30 a. 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: Internal Hemorrhage from ruptured liver when she was struck by a motor cycle  
Due to Driven by one Robert Graham at the intersection of Lafayette and Waverly Pl  
about 2:40 am July 3-1943

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings: 170  
Of operations.....  
Of autopsy..... 21

Duration  
Underline the cause to which death should be charged statistically.

PHYSICIAN

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 7-3-43

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

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

While at work?..... (e) Means of injury 3

23. Signature Thomas F Callahan  
Deputy Coroner (Date signed) 7-5-43

**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 Paul A Keith  
Licensed Embalmer No. 3612  
P. O. Address 2317 Lafayette

**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.**