

FILED OCT 2 - 1943

317

6076

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town JENNINGS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
The Elms
(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 Mo. (b) County St. Louis
(c) City or town Jennings
(If outside city or town limits, write "RURAL")
(d) Street No. 2520 McLaren
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Jane Foreman

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Fem 5. Color or race Wh 6. (a) Single, widowed, married, divorced, wid Wid

6. (b) Name of husband or wife William Foreman 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 27th, 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Work

11. Industry or business _____

12. Name John Russell 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 Russell Abromonich (grandson) (b) Address _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 23-43 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director M. J. Croghan

(b) Address 7146 Manchester

19. (a) SEP 25 1943 (Date received local registration) (b) C. J. Mc Larran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from August 1 1942 to Sept 20 1943 that I last saw her alive on Sept. 20 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 5 yrs?

Due to _____
Due to 93d

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

Major findings: Of operations _____ Of autopsy _____ 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) (c) Means of injury _____
23. Signature Pauline P. Arnold (M. D. or other) MD.
Address 1449 MS Larran Date signed 9/22/43

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

9606

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..... *J. Allen Davis Jr*
Licensed Embalmer No..... *4053*
P. O. Address..... *City*

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.