

FILED JAN 3 1948 18

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Saint Louis
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Memorial home, 2609 S. Grand 5
(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 111111
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4468 Washington Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18 day Dec.
year 1945 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from
Dec 10 1945 to Dec 18 1945
that I last saw him alive on Dec 17 1945
and that death occurred on the date and hour stated above.

Immediate cause of death
Malnutrition, Anemia Perniciosa
Due to Anterior Pituitary Deficiency

Other conditions
(Include pregnancy within 3 months of death)
73 a

Major findings:
Of operations _____
Of autopsy _____

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

3. (a) PRINT FULL NAME EDWIN M. CASE
3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Male 5. Color or face White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased April 18, 1858
(Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 0
If less than one day _____ hr. _____ min.

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

10. Usual occupation Unknown

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown
(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 Mrs. S. S. Shaw,

(b) Address 2609 S. Grand Blvd.

17. (a) Burial (Burial, cremation, or removal) St. Mathews Cemetery
(b) Date thereof Dec. 21, 1945
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Craig Mortuary
(b) Address 4468 Washington Blvd.

19. (a) DEC 20 1945 (b) J. F. Brudick
(Date received local registration) (Registrar's signature)

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 W. J. Brudick M.D. (M. D. or other)
Address 1230 S. Grand Blvd. Date signed 12/20/45

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 *Philip M. Henry*.....

Licensed Embalmer No. *3208/3281*.....

P. O. Address. *4468 Washington - 8*.....

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.