

Registration District No. 318 Primary Registration District No. 1003

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 #243 - Botanical
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL") 9 17
(d) Street No. 4242 A BOTANICAL
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 12
year 1943 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Dec 10 1943, to Dec 12 1943
that I last saw her alive on Dec 11, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
Duration 5 days

Due to
Due to
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) (e) Means of injury
23. Signature J. F. Bredeck (M. D. or other)
Address 1316A on Grand Date signed 12-13-43

3. (a) PRINT FULLNAME MARGARET CHERRY
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex FEMALE / race WHITE
5. Color or
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 MARCH (Month) 10 (Day) 1873 (Year)

8. AGE: Years 70 Months 9 Days 2
If less than one day hr. min.

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

10. Usual occupation SEWSTRESS

11. Industry or business DRESS MAKING

12. Name JOHN SHERRY

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

14. Maiden name BRIDGET CASSIDY

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

16. (a) Informant Margaret Beth

(b) Address 4242 A Botanical

17. (a) Burial (b) Date thereof 12 14 43 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood home Alton Ill

18. (a) Signature of funeral director Mup & Dickman

(b) Address 4355 Washington

19. (a) DEC 13 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Howard P. Rawland

Licensed Embalmer No.

3114

P. O. Address

St. Louis, Mo

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.