

No. 2
M-5-43
5-17-39
I X36671

FILL FEB 18 1948 18

1003

Registrar's No. 1180

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Infirmery
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Margaret Fletcher

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

3. (c) Social Security No.

4. Sex female 5. Color or race col. 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 Oct. 10, 1881
(Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 22 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER

12. Name John Cassidy

13. Birthplace Arkansas
(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 C. Hannon

(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof 2-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Camp

18. (a) Signature of funeral director Mary Wade

(b) Address 4202 Simplicity

19. (a) FEB 7 1948 J. J. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
12

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 991

(d) Street No. 2702 Dickson St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2, 1944
year hour 7:45 a.m. minute M.

21. I hereby certify that I attended the deceased from Feb. 16, 1943
to Feb. 2, 1944
that I last saw her alive on Feb. 1, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Hypertensive arteriosclerotic heart disease

Due to Generalized arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)
Old hemiplegia

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations

Of autopsy Confirmed

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 D

23. Signature Homer A. Sweetman M.D.
Address 5800 Arsenal St. Date signed 2-24-48
(M. D. or other)

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 _____

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.