

FILED MAR 1 1944
318

State File No. _____
Registrar's No. 1644

Registration District No. _____

Primary Registration District No. 1003

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:
1718 A Nebraska Ave
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 173
(If outside city or town limits, write "RURAL")
(d) Street No. 1718 A Nebraska Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Sarah France Gould

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Harry 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 12 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business At Home

MOTHER FATHER
12. Name James Browne
13. Birthplace England 4
(City, town, or county) (State or foreign country)
14. Maiden name Mary Reynolds
15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Seifried
(b) Address 4330 Wallace Ave

17. (a) Burial (b) Date thereof 2/19/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Cemetery

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) FEB 18 1944 (b) [Signature]
(Date received local health dept) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 17
year 44 hour 11 minute a M.

21. I hereby certify that I attended the deceased from 2-13-44
_____ 19____ to 2-17-44 19____
that I last saw her alive on 2-17-44 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac thrombosis
coronary Duration 7 days

Due to Diabetic Mellitus 2 yrs

Due to _____
Other conditions (include pregnancy within 3 months of death) GI

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 [Signature] (b) Address 1402 E Grand Date signed 2-17-44

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 L R Cooper

Licensed Embalmer No. 3633

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.