

Registration District No. 3

Primary Registration District No. 3069

Registrar's No.

565

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Sarah Anne Lemon

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Robert Lemon 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 23 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Worcester So. England
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name John Edkins
13. Birthplace Worcester So. England
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Bourne
15. Birthplace Worcester So. England
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph C. Lemon
(b) Address 836 Diversey Dr. Webster Groves

17. (a) Burial (b) Date thereof 3/16/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Coke Hill Cem.

18. (a) Signature of funeral director Mittelberg Fun. Home
(b) Address Webster Groves, Mo.

19. (a) MAR 6 - 1944 (b) L. S. McRae, M.D.
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 836 Diversey Dr
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1944 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb. 15, 1944, to Mar. 3, 1944
that I last saw her alive on Mar. 3, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Arteriosclerotic Fibriulation 2 days

Due to _____

Other conditions Fracture left femur Feb. 15
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 135
Date of occurrence 2-15-44

(c) Where did injury occur? Web. Gro. Mo. (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Fell in bath tub (in home)

While at work? no (Specify type of place) fell in tub
(a) Means of injury _____

23. Signature C. J. Vallon (M. D. or other) MD

Address 21 W. 1st Blvd. Webster Groves, Mo. Date signed 3/4/44

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

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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.....

John M. Meyer

Licensed Embalmer No. *3288*

P. O. Address. *Kirkwood, 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.