

FILED APR 6 1944
848

Registration District No.

Primary Registration District No. 1003

Registrar's No. 2991

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 29 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 9

(d) Street No. 2601 N. Whittier
(If rural, give location) 11

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

3. (a) PRINT FULL NAME Victoria Postlethwaite

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27,
year 1944 hour 3 minute 05 P. M.

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased May 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 25, 1944 to March 27, 1944;
that I last saw her alive on March 27, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 days

Due to Hypertensive Heart Disease Unk.

8. AGE: Years 62 Months 10 Days 7 If less than one day hr. min.

Other conditions 0/0
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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

10. Usual occupation House Work at Home

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Mary Minot

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

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? _____

16. (a) Informant John Williams

(b) Address 2213 E Walnut St.

17. (a) Burial (b) Date thereof April 3/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood am

18. (a) Signature of funeral director F. J. Green

(b) Address 2915 Franklin ave

19. (a) MAR 30 1944 J. F. Bedeck
(Date received at registrar) (Registrar's Signature)

PHYSICIAN

Underline the cause to which death should be charged statistically.

23. Signature J. E. Smith (M. D. or other) _____
Address 2601 N. Whittier Date signed 3/28/44

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

F. A. Green

Licensed Embalmer No.

2963

P. O. Address

2915 Franklin ave

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.