

FILED JUN 30 1944

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 5537

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:
4640 Locke Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Amy Blanche McBride

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased May 16 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	1	0	hr. min.

9. Birthplace Bourbon Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

12. Name Andrew Harrison
 13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Britton
 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mary G. Grove
 (b) Address 4640 Locke

17. (a) Burial (b) Date thereof 6 20 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Walter Helder
 (b) Address 3634 Gravois Ave.

19. (a) JUN 19 1944 (b) J. F. Buddeck
(Date received local registration) (Registrar's signature)

-2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4640 Locke
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
 year 1944 hour 7:00 minute 00 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Occlusion
Arteriosclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
 Of operations _____
 Of autopsy _____

Duration

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)
 (a) Means of injury _____

23. Signature Alfred J. Perry (M. D. or other) _____
 Address Deputy Coroner Date signed 6-19-44

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

800
14:19

MOTHER FATHER

5397

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 Robert C. Wheeler

Licensed Embalmer No. 2178

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.