

FILED JUN 19 1944

Registration District No. 317

Primary Registration District No. 2002

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7310 Melrose Avenue
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 18 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL.") 5
(d) Street No. 7310 Melrose Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME LYDIA P. VANN

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, Widow
6. (b) Name of husband or wife Walter H. Vann 6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased (Month) 4 (Day) 3 (Year) 1865

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>2</u>	<u>5</u>	hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____
12. Name Thomas L. Phillips
13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Susan Taylor
15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Virginia Vann
(b) Address 7310 Melrose Avenue

17. (a) Burial (b) Date thereof 6-10-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Alexander Sons
(b) Address 6175 Delmar Blvd.

19. (a) JUN 10 1944 (b) E. G. McSavran, MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1944 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from April 24-44
9 to June 8, 1944.
that I last saw her alive on June 7, 1944.
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 4 yrs.
Due to Essential Hypertension
Due to Atherosclerosis - General

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations None 93d
Of autopsy None
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) (e) Means of injury _____

23. Signature Chas. Thomas Berger (M. D. or other) _____
Address 7745 Olive St. Road Date signed 6/9/44

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

16
3
5

Rev. Charles Rosenberg
of St. Rose

4 to 7⁰⁰
PM.

7745.

APR 4 1947

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 jos. E McCulloch

Licensed Embalmer No. 2460

P. O. Address 6176 Delma

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: