

FILED JUL 21 1944

Registration District No. _____

Primary Registration District No. 1003

State File No. _____

Registrar's No. 5822

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:
Peoples Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days
In this community 6 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 4403 Garfield Avenue (If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) 11
If yes, name country _____

3. (a) PRINT FULL NAME Eva Pearl Stalling Stinson

3. (b) If veteran, name war _____ 3. (c) Social Security No. 187-22-6975

4. Sex female 5. Color or race col 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Albert 6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased: Sept 19th 1921
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
22 9 6 hr. min.

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

10. Usual occupation Factory work

11. Industry or business _____

MOTHER FATHER { 12. Name Dennis Stalling
13. Birthplace Bradley Co Ark
(City, town, or county) (State or foreign country)
14. Maiden name Martha Jackson
15. Birthplace Jersey Ark
(City, town, or county) (State or foreign country)

16. (a) Informant Rosie McCraty

(b) Address 4403 Garfield Avenue

17. (a) burial (b) Date thereof 6-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Randle & Son
(b) Address 3133 Bell Avenue

19. (a) JUN 29 1944 (b) J. F. Budek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 25
year 44 hour 9:45 minute A M.

21. I hereby certify that I attended the deceased from 6-16-44 to 6-25-44
that I last saw her alive on 6-25-44 and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis
(Tom. tuberculosis)

Due to Dermoid Cyst
Other conditions 56
(Include pregnancy within 3 months of death)

Major findings: Adhesions
Of operations Dermoid Cyst
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? _____

(Specify type of place) While at work? _____ Means of injury _____

23. Signature Dennis W. Stalling
Address 2328 Maple Date signed _____

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 *S. J. Watson*
.....
Licensed Embalmer No. *2698*
P. O. Address *2769 Chouteau*

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.