

FILED SEP 8 1944
Registration District No. 378

Primary Registration District No. 1003

Registrar's No. 7448 ✓

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:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17
(c) City or town St. Louis 9 10
(If outside city or town limits, write "RURAL")
(d) Street No. 4159 1/2 St. Louis Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME

Sarah Wilkinson

3. (b) If veteran, name war No

3. (c) Social Security No. 493-20-5779

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 25 year 1944 hour 2:55 minute P.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Richard 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Sept 20 1883
(Month) (Day) (Year)

Immediate cause of death.....

Coronary Occlusion
Arteriosclerosis

8. AGE: Years 60 Months 11 Days 5 If less than one day hr. min.

Due to.....
Due to.....
Other conditions..... (Include pregnancy within 3 months of death)

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

10. Usual occupation Electrical Worker

11. Industry or business.....

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN..... Underline the cause to which death should be charged statistically.

12. Name Patrick Mc Yenna
13. Birthplace..... (City, town, or county) (State or foreign country) Indiana

14. Maiden name Sarah Donahue
15. Birthplace..... (City, town, or county) (State or foreign country) Indiana

16. (a) Informant Mr. Richard Wilkinson
(b) Address 4159 1/2 St. Louis Ave.

17. (a) Burial (b) Date thereof Aug 29 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetery
18. (a) Signature of funeral director Joseph A. Hubert
(b) Address 149 S. Grand Blvd.

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?.....

19. (a) AUG 28 1944 (Date received local registrar)
J. F. Bredeh (Registrar's signature)

23. Signature James J. Fitzmaurice (M. D. or other)
Address 1300 Park Date signed 8-28-44

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

1334

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

Joseph Howard

Licensed Embalmer No. *4139*

P. O. Address.....

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.