

FILED NOV 4 1944

Registration District No. 377

Primary Registration District No. 3063

Registrar's No. 2225

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
151 N. Bemiston
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Clayton, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 151 N. Bemiston
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bessie Roe Pree

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Joseph H. Pree 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased February 1 1879
(Month) (Day) (Year)

8. AGE: - Years 65 Months 8 Days 30 If less than one day
hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

12. Name Frank M. Roe
13. Birthplace Nashville, Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Mary A. Rushing
15. Birthplace Swanwick, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph H. Pree
(b) Address 151 N. Bemiston, Clayton

17. (a) Burial (b) Date thereof 11/2/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address #7233 Delmar Blvd.

19. (a) 11/3/44 (b) E. S. McQuinn M.D.
(Date received local registrar) (Registrar's signature) (Title)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31
year 1944 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from
Aug. 1940 to 10-31 1944
that I last saw her alive on 10-31 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute pulmonary edema Duration 1 hr.
Due to Hypertensive arterio-sclerotic heart disease 5 yrs.
Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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) (c) Means of injury 0
Signature John J. Hammond (M. D. or other) M. D.
Address 1634 N. Grand Date signed 11/1/44

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

Wp6-

Dr. John Hammond
Mo. Theatre Bldg

Tr. 5080
2:30 - 5:30

7245 Maryland ave

Cab 2040

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City - 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.