

FILED NOV 30 1944
318

Primary Registration District No. 1003

Registrar's No. 9755

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:
ST. JOHNS HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 DAYS (Specify whether)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO. (b) County _____
 (c) City or town ST. LOUIS
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5971 CATES AVE.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME HELEN ALVERSON
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month NOV. day 16
 year 1944 hour 7 minutes 50 A. M.
 21. I hereby certify that I attended the deceased from 9/15/44 to 11/16, 1944
 that I last saw her alive on 11/15/44 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOW
 (b) Name of husband or wife DAVID ALVERSON 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: FEB. 14 1886
 (Month) (Day) (Year)

Immediate cause of death: A nodular carcinoma of sigmoid colon.
 Due to _____
 Due to _____
 Other conditions: _____
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
58 9 2 hr. _____ min.

9. Birthplace: ST. LOUIS MO.
 (City, town, or county) (State or foreign country)

10. Usual occupation: SECV. ACME CONSTRUCTION CO.

11. Industry or business _____

MOTHER FATHER { 12. Name: HUGH J. KERR
 13. Birthplace: CANADA
 (City, town, or county) (State or foreign country)
 14. Maiden name: MARY E. WISE
 15. Birthplace: ALTON ILLINOIS
 (City, town, or county) (State or foreign country)

16. (a) Informant: MISS. BERT MARY KERR
 (b) Address: 5971 CATES AVE.

17. (a) BURIAL (b) Date thereof: Nov 18-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: CALVARY CEMETERY

18. (a) Signature of funeral director: Arthur J. Donnelly
 (b) Address: 3840 Lindell Blvd

19. (a) NOV 17 1944 J. F. Bredek
 (Date received local registrar) (Registrar's signature)

Major findings: _____
 Of operations _____
 Of autopsy: Same
 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? _____ (e) Means of injury _____
 23. Signature: J. A. Munsch (M. D. coroner)
 Address: 33 N. M. M. Chyler Date signed 11/16/44

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, Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3870 Lindell

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.