

Registration District No. 5-1944 318 Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(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:
Enroute to City Hosp
(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 3

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. 4257 Vista Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lola Clifton

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27 year 1944 hour 12 minute 45 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.

Immediate cause of death _____

3. (b) If veteran, name war No 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

Duration _____

6. (b) Name of husband or wife Arron 6. (c) Age of husband or wife if alive 50 years

Chronic Myocarditis

7. Birth date of deceased Feb 14 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

46 9 12 hr. _____ min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Tabacco Worker

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business Liggett Myers Tab Co

12. Name James Wycoff

13. Birthplace St. James Mo
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Rosenow

15. Birthplace St. James Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs E Lanmert

(b) Address 644 Tower Grove Ave

17. (a) Burial (b) Date thereof 11-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

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? _____

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4228 So. Ingishighway

19. (a) NOV 28 1944 (Date received local registrar) J. P. Bruders (Registrar's signature)

While at work? _____ (Specify type of place)

Means of injury 3

Signature Dr. Alfred Perry (M.D. or other) 11-28-44 Date signed

Address 1308 Clark

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..... *Edwin J. McDermott*

Licensed Embalmer No.....

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.