

FILED DEC 3 1944
Registration District No. 376

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0
(Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis
(c) City or town R R # 1 - Valley Park
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) N.R.
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HELENA DEMIS

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James DEMIS 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased June 30 1906
(Month) (Day) (Year)

8. AGE: Years 38 Months 4 Days 30 If less than one day hr. _____ min. _____

9. Birthplace Weldon Hill (City, town, or county) Miss. (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Ollie Liggett
13. Birthplace Oblong (City, town, or county) Miss. (State or foreign country)
14. Maiden name Augusta Booker
15. Birthplace Miss. (City, town, or county) (State or foreign country)

16. (a) Informant James Demis

(b) Address R R # 1 Valley Park Mo

17. (a) Burial (b) Date thereof 12-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Louis N Bopp Jr

(b) Address Ridgewood Mo

19. (a) NOV 30 1944 (b) J. F. Bredich
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 29th
year 1944 hour 7 minute 30 PM

21. I hereby certify that I attended the deceased from NOV 20
1944 to NOV 29 1944

that I last saw her alive on NOV 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death obstructed
uterine

Due to _____

Due to Acid Pepsin Hemorrhage
Strangulated Ventral Hernia

Other conditions (include pregnancy within 3 months of death) Hernia

Major findings: Of operations 1 2 2
Of autopsy _____

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 James J. Smith (M. D. or other)

Address 4930 Maple Date signed 11/29/44

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

MOTHER FATHER

10233

10233

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... *Felix Luwand*

Licensed Embalmer No. *3034*

P. O. Address... *Rockwood 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.