

Registration District No. 317 Primary Registration District No. 6076

2. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2804-Pasteur Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)
 In this community 25-Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Overland
(If outside city or town limits, write "RURAL")
 (d) Street No. 2804-Pasteur Avenue
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 1

3. (a) PRINT FULL NAME Bessie G. Kilgore
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26
 year 1944 hour 3 minute 00 P. M.

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced W 2
 6. (b) Name of husband or wife Raul N
 6. (c) Age of husband or wife if alive 10 years
 7. Birth date of deceased June 2 1871
(Month) (Day) (Year)

I hereby certify that I attended the deceased from Sept 15 - 1944 to Nov 26 - 1944
 that I last saw her alive on Nov 26 - 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 5 Days 24
 If less than one day hr. min.

Immediate cause of death Carcinoma of the bladder
 Due to Gen Metastasis
 Duration

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

Due to 52
 Other conditions 52
(Include pregnancy within 3 months of death)

10. Usual occupation Householder
 11. Industry or business Fred. Anderson
 12. Name Fred. Anderson
 13. Birthplace Md.
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings: 52
 Of operations 52
 Of autopsy 52
 PHYSICIAN 52
 Underline the cause to which death should be charged statistically.

16. (a) Informant William Kilgore
 (b) Address 2804-Pasteur Overland
 17. (a) Burial (b) Date thereof 11-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mount Lebanon Cem

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 Baumman Bros Inc
 (b) Address 2504-Woodson Rd-Overland, Mo
 19. (a) DEC 4 1944 (b) E. J. McLaughlin
(Date received local registrar) (Registrar's signature)

While at work 11/29/44
(Specify type of place) (2) Means of injury
 Signature Ray C. ... (M. D. or other)
 Address No 172 Pasteur Date signed 11/29/44

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..... *Oscar F. Mueller*

Licensed Embalmer No. *3039*

P. O. Address..... *Overland 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.