

FILED JAN 5 1945

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11074**

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: **Deaconess Hospital**
(If not in hospital or institution, write street number and name)
(d) Length of stay: In hospital or institution **10** days (Specify whether yr)
In this community **yr** years, months or days

2. USUAL RESIDENCE OF DECEASED:

Missouri
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **12 25**
(d) Street No. **Mark Twain Hotel** (If rural, give location)
(e) Citizen of foreign country? **U** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Price Packwood**

3. (b) If veteran, name war
3. (c) Social Security No. **510-10-8858**

4. Sex **Male** 5. Color **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Rosemary** 6. (c) Age of husband or wife if alive **66** years
7. Birth date of deceased **Feb 16 1878**
(Month) (Day) (Year)

8. AGE: Years **66** Months **10** Days **9** If less than one day hr. min.

9. Birthplace **Roanoke Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Insurance agent**

11. Industry or business

MOTHER FATHER { 12. Name **Gabriel Packwood**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Serena Davis**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Rosemary Packwood**
(b) Address **Moberly Mo.**

17. (a) **Burial** (b) Date thereof **12-27-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Moberly Mo**

18. (a) Signature of funeral director **Howard F Rowland**
(b) Address **4355 Washington Blvd,**

19. (a) **DEC 27 1944** (b) **J. J. Braddock**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DECEMBER** day **23** year **1944** hour **3** minute **P.M.**

21. I hereby certify that I attended the deceased from **DECEMBER 23 1944** to **DECEMBER 26 1944** that I last saw him alive on **DECEMBER 25 1944** and that death occurred on the date and hour stated above.

Immediate cause of death **CEREBRAL HEMORRHAGE (UNDER VENTRICULAR)**
Due to **83**
Other conditions **ARTERIO-SCLEROSIS**
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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?

While at work (Specify type of place) Means of injury
23. Signature **Raymond J. ...** (M. D. or other) **MD**
Address **812 ...** Date signed **12/26/44**

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

04/20/20

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.....

Ronald O Yahnske

Licensed Embalmer No. 3917

P. O. Address St Louis, 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.