

FILED JAN 25 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 464

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:
City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community About 90 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 64
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 909 Vermont Hannibal Mo
(If rural, give location)
 (e) Citizen of foreign country? 1 (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Alice Fox
 (b) If veteran, name war no
 (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 14
 year 1945 hour 5 minute 40 P.M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased 4 2 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 11 1945 to Jan 14 1945
 that I last saw her alive on Jan 14 1945
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
72 9 12 hr. min.

Immediate cause of death Chronic Myocarditis
 Duration 7-11-45

9. Birthplace Pittville Ill
(City, town, or county) (State or foreign country)

Due to Chronic Nephritis 7-11-44

10. Usual occupation Houseswork

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

MOTHER FATHER { 11. Industry or business.....
 12. Name Wm Walker
 13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Emily Maine
 15. Birthplace Un known Unknown
(City, town, or county) (State or foreign country)

Major findings:
 Of operations 1/21
 Of autopsy.....
 Underline the cause to which death should be charged statistically.

16. (a) Informant Natalie Aubuchon
 (b) Address 2118 Mullanphy St.
 17. (a) Removal (b) Date thereof 1-17-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hannibal Mo

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)

18. (a) Signature of funeral director J. F. Bredeck
 (b) Address 2228 St. Louis Ave
 19. (a) JAN 16 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

While at work..... Means of injury.....
 23. Signature Wm Walker (M, D. or other) WLD
 Address 3652 W. Standard Date signed 1-16-45

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

0
17
9

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 Marie A. Cashion
Licensed Embalmer No. 3949
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.