

FILED FEB 13 1945

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 384

1. PLACE OF DEATH:

(a) County Pine crest 7 lanes, ST. Louis Co
(b) City or town Manchester Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pine Crest Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 month - 21 days
(Specify whether
In this community 3 / 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3818 Delmar 9
(If rural, give location)
(e) Citizen of foreign country? No / 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MATTIE FAITH

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 9 years (Day) (Year)

7. Birth date of deceased. Oct. 9 1860
(Month) (Day) (Year)

8. AGE: 84 Years Months 3 Days 26 If less than one day hr. min.

9. Birthplace Springfield Ill. Ill. / 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business not any

MOTHER FATHER
12. Name Richard J. Hall
13. Birthplace Springfield Ill. Ill. / 1
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jones
15. Birthplace Springfield Ill. Ill. / 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Pearl Moore
(b) Address 3818 Delmar

17. (a) BURIAL (b) Date thereof 2-8-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Mathews Cem.

18. (a) Signature of funeral director ORTMAN FUNERAL HOME
(b) Address 8222 WACKLAND OVERLAND MO.

19. (a) FEB 8 1945 (b) E. J. McLaughlin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5th
year 1945 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from January 30th 1945 to February 5th 1945,
that I last saw her alive on February 4th 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-Sclerotic

Other conditions Arterio-Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 930
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0
Signature R. P. Jensen (M. D. or other)
Address Manchester Mo Date signed 2/5/45

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

600

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..... *Al C Ostmann*

Licensed Embalmer No. *3478*

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.