S. No. 2
M—2-43
5-17-39
P I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4525

State File No.

FILED FEB 24 1945

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 1434

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. Johns
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 5 17 7 000

(c) City or town ST. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5734 Vernon ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (~~Yes~~ or No)

If yes, name country

3. (a) PRINT FULL NAME (Miss) DaisyBLunday

3. (b) If veteran, name war ✓

3. (c) Social Security No. 499-28-4590

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased 6 (Month) — (Day) 1879 (Year)

8. AGE: Years abt 65 Months — Days — If less than one day hr. min.

9. Birthplace ST. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation City Sanitarium

11. Industry or business

FATHER
12. Name Dont Know
13. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Lillie Castelen
(b) Address 5373 Theodora

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 15 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Provost Und Co
(b) Address 3710 N. Grand

19. (a) FEB 13 1945 (Date received local registrar) (b) J. H. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13th year 1945 hour 8:00 minute a M.

21. I hereby certify that I attended the deceased from 2-7-44, 19__, to 2-13-45, 19__; that I last saw her alive on 2-13-45, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death congestive heart failure	5 wks
Due to hypertension	year or two.
Due to myocarditis, Chr	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy	

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) none

(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? (e) Means of injury

23. Signature C. H. Kuhlow M.D. (M. D. or other)

Address 306 Humboldt Bldg., Date signed 2/13/45

(Licensed Embalmer's Statement on Reverse Side)

Nielson
1-5
1-4
Humbolt Bld
Grand — Wash

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 Earl E Provost

Licensed Embalmer No. 1578

P. O. Address 3710 N. Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.