

FILED MAY 3 1945
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1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 3750

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:
1025 Graham
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 066
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1025 Graham
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary L. Little

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 or Married

6. (b) Name of husband or wife John M. Little 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March 11, 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>1</u>	<u>16</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name ? Elledge

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Louisa Allen

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant John M. Little

(b) Address 1025 Graham

17. (a) Burial (b) Date thereof 4/30/45
(Burial, cremation, or removal) (Month) (Day) (Year)
Sunset Hill Cemetery
Edwardsville, Ill.

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) APR 27 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 27
year 1945 hour 5.00 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from 2/13/45
to 4/27/45, 19____ to 19____

that I last saw her alive on 4/20/45, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy, few minutes

Due to Hypertension 1 unknown

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

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) _____

(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 _____

23. Signature [Signature] (M. D. or other _____)

Address 1001 1/2 McManis St. St. Louis Date signed 4/27/45

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

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17
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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..... *Thomas Eynick*.....
Licensed Embalmer No. *1284*.....
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.