

FILED MAY 24 1945
Registration District No. **517**

Primary Registration District No. **3066**

Registrar's No. **932**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Berkwood Mo. R. #12
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town R.R. 12 Berkwood Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DR. ARTHUR WARD - SANER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw him alive on 4/11/45
and that death occurred on the date and hour stated above.

4. Sex MD 5. Color or race W. 6. (a) Single, widowed, married, 2 divorced, widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 29 - 1872
(Month) (Day) (Year)

Immediate cause of death: Coronary Thrombosis
Duration _____

8. AGE: Years Months Days If less than one day
73 1 16 hr. min.

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

10. Usual occupation Artist

Due to _____ 94a

Due to _____

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

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Fanny Cooper

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

16. (a) Informant Mr. Herbert Barthels
(b) Address 336 Paperline Industry

17. (a) Cremation (b) Date thereof April 16 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Valhalla Crema

18. (a) Signature of funeral director L. H. Buff
(b) Address Berkwood Mo.

19. (a) APR 17 1945 (b) E. E. Hanson MD
(Date received local registrar) (Registrar's signature)

Major findings: Of operations none

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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

23. Signature [Signature] (M. D. or other) _____
Address 3134 7th Date signed 4/15/45

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

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

6600

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.....

Felix Howard

Licensed Embalmer No.....

3034

P. O. Address.....

Kirkwood 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.