

FILED JUN 4 1945

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 951

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9004 Brisral Ave.
(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)

3. (a) PRINT FULL NAME

Louisa Wield.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Wield 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 29, 1853.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 11 19 hr. min.

9. Birthplace New Loraness, La.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name John Boedeker

13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Novotney

(b) Address 9004 Bristol Ave.

17. (a) Burial (b) Date thereof April 20/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiament Ave.

19. (a) APR 20 1945 (b) E. B. H. Cannon, MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 9004 Bristol Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1945 hour 12.30 minute P.M. M.

21. I hereby certify that I attended the deceased from Apr. 15 1945 to Apr. 17 1945;
that I last saw her alive on April 16 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Chromiomyelitis Duration 5 yrs
Atherosclerosis 93d 5 yrs.

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 C

23. Signature H. St. Lawrence MD (M. D. or other)
Address Pattonville Mo Date signed Apr. 17. 45.

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

MOTHER FATHER

Dr. Coleman
Pattonville, Mo.

JUN 5 1945

JUN 8 1945

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 *Alan J. Neely*
Licensed Embalmer No. 3225
P. O. Address 1125. Hordiamont Ave.,

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.