

FILED JUN 19 1945 818

1003

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution April 23 - 1945  
(Specify whether years, months or days) about 3 years

3. (a) PRINT FULL NAME Mildred Householder

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced  
6. (b) Name of husband or wife Earl Householder 6. (c) Age of husband or wife if alive 36 years  
7. Birth date of deceased July - 15 - 1914  
(Month) (Day) (Year)

8. AGE: Years 30 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Oshan County, Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name W.F. Huffstutter  
13. Birthplace Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Nellie Turay  
15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Householder  
(b) Address Marston, Mo

17. (a) Removal (b) Date thereof 6-1-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mounds, Ill

18. (a) Signature of funeral director Richard W. Co  
(b) Address New Madrid, Mo

19. (a) JUN 5 1945 (b) J.F. Medical  
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2201 Chouteau  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 - day 29 - year 45  
hour 5 00 minute 1 P.M.

21. I hereby certify that I attended the deceased from 7-23-45, 1945 to 5-29-45, 1945;  
that I last saw her alive on 5-29-45, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration \_\_\_\_\_

Due to arteriosclerosis

Due to Generalized arteriosclerosis and malignant hypertension

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations as above

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? \_\_\_\_\_  
(Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature J. J. ... (M.D. or other) \_\_\_\_\_  
Address 1515 Lafayette Date signed 5-29-45

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

MOTHER FATHER

4976

4976

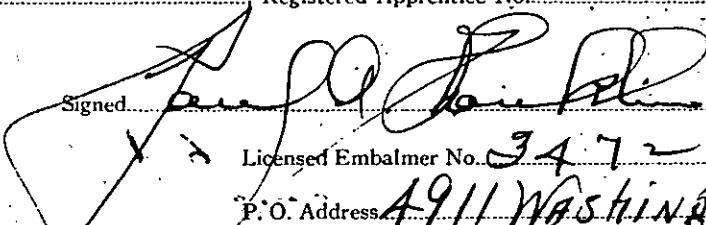
1877  
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

..... Registered Apprentice No. ....

Signed  .....

Licensed Embalmer No. 3472

P.O. Address 4911 Washington

**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.**