

FILED JUL 14 1945
Registration District No. 318

Primary Registration District No. 1003

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: ST. LUKE'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 2 DAYS
(Specify whether years, months or days)

In this community 20 YEARS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JEFFERSON

(c) City or town CRYSTAL CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 202 JEFFERSON INR.
(If rural, give location)

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

3. (a) PRINT FULL NAME CORA ANN MITTS

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 WIDOWED

6. (b) Name of husband or wife _____

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

7. Birth date of deceased AUGUST 21 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>70</u>	<u>10</u>	<u>8</u>	hr. min.
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9. Birthplace SILVER MINES MISSOURIA
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business OWN HOME

MOTHER FATHER

12. Name N. J. FREELAND

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

14. Maiden name UNKNOWN

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

16. (a) Informant Mrs. Walter Drissell

(b) Address CRYSTAL CITY, MO.

17. (a) BURIAL (b) Date thereof JULY 2, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FREDERICKTOWN, MO.

18. (a) Signature of funeral director Geanty R. Polite

(b) Address Crystal City, Mo.

19. (a) JUL 30 1945 J. Z. Budek
(Date received local register) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 29
year 1945 hour 12 minute 35 P.M.

21. I hereby certify that I attended the deceased from JUNE 27, 1945, to JUNE 29, 1945;
that I last saw her alive on JUNE 29, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 7 days

Due to _____

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) (c) Means of injury _____

23. Signature 1. Fulton B. Day (M. D. or other) _____
Address 3720 Washington Blvd Date signed 7-1-45

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

0229

0229

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.....

Gentry R. Solitto

Licensed Embalmer No.....

3481

P. O. Address.....

Crystal City, Md

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.