

FILED JUL 3 1945

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 908

1. PLACE OF DEATH:
 (a) County R. Hgts.
 (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. Marys Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 weeks (Specify whether
 In this community 47 years (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3954 Russell Ave.
 (If rural, give location)
 (e) Citizen of foreign country? 1 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Claudia Vinyard
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years

7. Birth date of deceased February 18th, 1888
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>4</u>	<u>6</u>	hr. _____ min. _____

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

10. Usual occupation none

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Mrs. Jennie Meyer

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

16. (a) Informant Mr. Paul Harbin

(b) Address 6900 N. Broadway

17. (a) Burial (b) Date thereof 6-27-45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Puxico Mo.

(d) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) W. E. G. McHardy
 (Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th.
 year 1945 hour 7:00 AM minute _____ M.

21. I hereby certify that I attended the deceased from 11-18-42
 _____ 19 _____ to 6-24-45 19 _____

that I last saw her alive on 6-27-45 19 _____
 and that death occurred on the date and hour stated above.

Immediate cause of death Rt cerebral hemorrhage Duration 30 days

Due to Hypertensive vascular disease risk

Due to 830

Other conditions Cystitis 10 days
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy Complete Autopsy
 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 Wayne J. ... (M. D. or other) _____
 Address 2735 N. ... Date signed 6-25-45

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

MOTHER FATHER

Dr. - Gorda - 2739 N. Strand

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 John P. Buchholz
Licensed Embalmer No. 1674
P. O. Address. 2223 S. Lami 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,