

FILED OCT 19 1945 318

Registration District No. Primary Registration District No. 1003

Registrar's No. 8722

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

1. PLACE OF DEATH:

(a) County
(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 Anthony's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days
(Specify whether
In this community _____
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. 4030a Blaine Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Vina Morice

3. (b) If veteran, name war _____ 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 _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: November 3rd 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 11 4 hr. min.

9. Birthplace: French Village Missouri (1)
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: at Home

MOTHER FATHER

12. Name: David Charleville

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

14. Maiden name: Mary Garner

15. Birthplace: Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs L. Lange Daughter

(b) Address: 4030a Blaine Ave

17. (a) Burial (b) Date thereof: 10/10 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: New SS Peter & Paul Cem.

18. (a) Signature of funeral director: Peetz Bros

(b) Address: 3029 Lafayette Ave

19. (a) OCT 9 1945 (Date received local registrar) J. J. Bredech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7th
year 1945 hour 7:50 minute _____ M.

21. I hereby certify that I attended the deceased from Sept 6 to Oct 7 1945
that I last saw her alive on Oct 7 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia Duration 3 wks

Due to: Lung abscess
caused not known

Due to: healed lobar pneumonia
developed

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy: Lung abscess & Lobar Pneumonia
Lips

Underline the cause to which death should be charged statistically.

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

(c) 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: Mark J. Glazer (M. D. or other) 10-8-45
Address: 506 Olive St. Date signed

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 Frank J. Swann

Licensed Embalmer No. 22457

P. O. Address St. Louis, 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.