

FILED OCT 25 1945

State File No.

8977

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days
Specify whether _____
In this community _____
years, months or days

3. (a) PRINT FULL NAME

MARY SAVAGE

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 Married

6. (b) Name of husband or wife Albert Savage 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Oct. 18 1898
(Month) (Day) (Year)

8. AGE: Years 46 Months 11 Days 27 If less than one day hr. _____ min. _____

9. Birthplace Jacksonville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Savage
(b) Address Roodhouse, Ill.

17. (a) Removal (b) Date thereof 10-17-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roodhouse, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) OCT 17 1945 (b) J. F. Bedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Greene 999
(c) City or town Roodhouse NR 11
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 20
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15
year 1945 hour 8 minute 50 P.M.

21. I hereby certify that I attended the deceased from September 28 1945, to October 15 1945 that I last saw h. ER. alive on October 15 8:30 P.M. 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism Tuberculosis Pulmonary (left)

Due to Pneumonia Femoral vein (left)

Due to Following chest operations

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations hiverty - upper lobe lobes of lung Of autopsy _____

Duration

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 _____

23. Signature J. F. Bradley (M. D. number) _____
Address Barnes Hospital Date signed _____

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

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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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Albert G. Lappe
Licensed Embalmer No. 2921
P. O. Address.....

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.