

FILED DEC 7 1945 318 STANDARD CERTIFICATE OF DEATH

State File No.

1003

Registrar's No.

10382

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: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna Douglas

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

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Murray 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 25 1888
(Month) (Day) (Year)

8. AGE: Years 57 Months 5 Days 3 If less than one day hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Frank Beck

13. Birthplace Unknown
(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 Murray Douglas
(b) Address 5145 Eichelberger

17. (a) Burial (b) Date thereof Dec. 1, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Wacker-Held
(b) Address 3634 Gravois Avenue

19. (a) NOV 30 1945 (b) J. F. Bredeck
(Date received of local 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. 5145 Eichelberger
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28
year 1945 hour 9 minute 0 P. M.

21. I hereby certify that I attended the deceased from 11-5-45
to 11-28-45
that I last saw him alive on 11-28
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism following illness
Due to Operation

Due to Operation

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy as above

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 R. K. Ryland (M. D. or other)
Address 3903 Park Ave Date signed 11-30-45

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

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. Hand

Licensed Embalmer No. 2675

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.