

**FILED** DEC 12 1945  
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10420**

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

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:  
3315 Texas Ave.  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 24000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 3315 Texas Ave.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Margaret Jones

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29  
year 1945 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 15-45  
to Nov 29-1945  
that I last saw her alive on Nov 29-1945  
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John

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

7. Birth date of deceased March 4 1878  
(Month) (Day) (Year)

Immediate cause of death..... Duration

Ch. Intestines Nephritis (Yrs.)

Due to Cerebral Hemorrhage 15 da.

Due to Acute Cardiac Dilatation 2 days

Other conditions (Include pregnancy within 3 months of death).....

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>8</u>	<u>25</u>	hr. min.

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

10. Usual occupation Home

11. Industry or business John

12. Name John

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 Martha Michel

(b) Address 3315 Texas Ave.

17. (a) Burial (b) Date thereof Dec. 3, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Walter Alder  
3634 Gravois Ave.

(b) Address DEC 1 1945

19. (a) J. F. Bredner  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations..... 131

Of autopsy.....

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. Bredner (M. D. or other)

Address 7405 Mich Av. Date signed 11/30/45

PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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. Paul*

Licensed Embalmer No. ....

*2675*

P. O. Address.....

*W. W. W. W.*

**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.**