

No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 21 1945

1003

Registration District No. **318** Primary Registration District No. _____ Registrar's No. **10724**

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 HOME OF THE FRIENDLESS-4431 S Broadway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 mos
(Specify whether years, months or days)

In this community 5
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County _____

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 4431 S. BROADWAY
(If rural, give location)

(e) Citizen of foreign country? () (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HARRIET PINKNEY

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race white

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

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

7. Birth date of deceased MARCH 29 1872
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9
year 1945 hour 8 minute A M.

21. I hereby certify that I attended the deceased from April 1944 to Dec 9 1945
that I last saw him alive on Dec 8 1945
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>8</u>	<u>10</u>	hr. _____ min. _____

Immediate cause of death Gastric hemorrhage Duration _____

Due to Carcinoma of liver 6 mos

Due to Carcinoma of stomach

Due to Primary site - stomach

Other conditions General anasarca 6 mos
(Include pregnancy within 3 months of death)

9. Birthplace WHEATLEY HILL ENGLAND
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

Major findings: Of operations No

Of autopsy No

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

11. Industry or business

12. Name HENRY LANG

13. Birthplace YORKSHIRE ENGLAND 4
(City, town, or county) (State or foreign country)

14. Maiden name HARRIETT LANG

15. Birthplace ENGLAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. M. Jones

(b) Address 4431 S. Broadway

17. (a) Burial (b) Date thereof DEC. 11-45
(Burial, cremation, or removal) (Month) (Day) (Year)

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

(a) Accident, suicide, or homicide (specify) No

(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?
No

(c) Place: burial or cremation VALHALLA CEMETERY

18. (a) Signature of funeral director C. Hoffmeister Colonial

(b) Address 6464 Chippewa St.

19. (a) DEC 10 1945 (b) J. F. Buddeck
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____

(e) Means of injury _____

23. Signature Chas E. Friedman (M. D. or other) M.D.

Address 3722 Washington Date signed 12/9/45

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.....

Harry J. Schumacher

..... Licensed Embalmer No.....

2679

..... P.O. Address.....

7514 Broadway

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.

Registration District No. 318

Primary Registration District No. 1003

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Harriet Pinkney
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color or race w 6. (a) Single, wid, wed, married, divorced Widow
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 29 yrs

7. Birth date of deceased man (Month) (Day) (Year)
8. AGE: Years 78 Months 8 Days 20 If less than one day, hr. min.

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

10. Usual occupation.....
11. Industry or business.....
MOTHER FATHER { 12. Name.....
13. Birthplace..... (City, town, or county) (State or foreign country)
14. Maiden name.....
15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....
(b) Address.....

17. (a) (Burial, cremation, or removal) (b) Date thereof..... (Month) (Day) (Year)
(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....
(b) Address.....

19. (a) JAN 27 1946 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Day.....
year 1946 hour..... minute..... M.
21. I hereby certify that I attended the deceased from..... to....., 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Due to.....
Due to.....

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

Major findings:
Of operations.....
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..... (M. D. or other)
Date signed.....

SUPPLEMENTARY

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

39644