

No. 2  
5-43  
5-17-39  
X 3687

**FILED FEB 1 1946**  
Registration District No. **318**

Primary Registration District No. \_\_\_\_\_

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:  
5861 Romaine Place  
(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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County St. Louis

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

(d) Street No. 5861 Romaine Place.  
(If rural, give location)

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

**3. (a) PRINT FULL NAME** Harriet J. Bienvenu

**3. (b) If veteran,** name war \_\_\_\_\_

**3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** F. / **5. Color or race** W.

**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** Sept. 4, 1873  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>72</u>	<u>4</u>	<u>14</u>	hr. _____ min. _____

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

**10. Usual occupation** At Home

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER** { **12. Name** Edward Turner

{ **13. Birthplace** Mass.  
(City, town, or county) (State or foreign country)

{ **14. Maiden name** Mary Ann Cudmore

{ **15. Birthplace** St. Louis  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Adele Bierdeman

(b) Address 7120 Edison Ave.

**17. (a) Burial** (b) Date thereof 1-22-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

**18. (a) Signature of funeral director** Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

**19. (a) JAN 21 1946** (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month January day 18th  
year 1946 hour 12 minute 30 P.M.

**21. I hereby certify that I attended the deceased from** 12-24-45 to Jan 18, 1946  
and that death occurred on the date and hour stated above.

**Immediate cause of death** Ch. Myocarditis  
Ca Left Breast & Metastasis to Left Hip  
Hypertension & Pathological Fracture

**Due to** \_\_\_\_\_

**Due to** \_\_\_\_\_

**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:** \_\_\_\_\_  
Of operations \_\_\_\_\_

**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) Means of injury \_\_\_\_\_

**23. Signature** J. F. Bredeck (M. D. or other) \_\_\_\_\_

Address 5899 Bremer Date signed 1/19/46

**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 W Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.**