

FILED JAN 31 1946
Registration District No.

Primary Registration District No.

1003

274

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:
1820 Geyer Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 31 years
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME NORMAN F. SEARS

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

4. Sex male 5. Color or race white 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... January 21, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 11 17 hr. min.

9. Birthplace... Hammond, New Jersey
(City, town, or county) (State or foreign country)

10. Usual occupation... Telegrapher

11. Industry or business... Retired

MOTHER FATHER { 12. Name Unknown
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... Marie Roeser (Nièce)
(b) Address... 1820 Geyer Avenue

17. (a) Burial (b) Date thereof... 1-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Memorial Park Cemetery

18. (a) Signature of funeral director... H. N. M. Laughlin
(b) Address... 2501 Lafayette Avenue

19. (a) JAN 9 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... oao
(c) City or town... St. Louis
1820 Geyer Avenue
(If outside city or town limits, write "RURAL")
(d) Street No... (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8
year 46 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1 Oct 8, 1945, to Jan 8, 1946;
that I last saw HIM alive on January 8, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death... Apoplexy
Duration 1 day

Due to Hypertension

Due to [Signature]

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

Major findings:
Of operations...
Of autopsy...

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... Willard J. Nash (M. D. or other) P.O.
Address... 1829 S. 18th St Date signed 1-9-46

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

3100

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..... *C. W. Cooper*.....

Licensed Embalmer No..... *3830*.....

P. O. Address..... *2317 Lafayette Ave*.....

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.