

FILED FEB 1 1946

Registration District No. **318** Primary Registration District No. _____ Registrar's No. **615**

1. PLACE OF DEATH:

(a) County ST. LOUIS MO.

(b) City or town ST. LOUIS MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CITY ISOLATION HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1/16/46 to 1/18/46 (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME MARY SOLES

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

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOW 2

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

7. Birth date of deceased JULY 28, 1892
(Month) (Day) (Year)

8. AGE: Years 33 Months 5 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation NIL

MOTHER FATHER

11. Industry or business _____

12. Name CHARLES?

13. Birthplace FRANCE
(City, town, or county) (State or foreign country)

14. Maiden name JULIA?

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

16. (a) Informant CITY INFIRMARY RECORDS

(b) Address 5800 ARSENAL ST

17. (a) Burial (b) Date thereof Jan 21 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jeans Cem.

18. (a) Signature of funeral director Provoost Hulko

(b) Address 3710 Moy Blvd

19. (a) JAN 19 1946
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County oau

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

(d) Street No. 3331 KLEIN ST
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN, day 18, year 1946 hour 6 minute _____ A.M.

21. I hereby certify that I attended the deceased from 1/16 1946, 19 1/18 to 1/18 1946
that I last saw her alive on 1/16 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure

Due to arteriosclerosis heart disease with Hypertension

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)

(c) Means of injury _____

23. Signature Jolin E. Helin (M. D. or other) M.D.

Address 5800 Arsenal Date signed 1/18/46

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

3138

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.....

Carl E. Brown

Licensed Embalmer No. 1578

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.