

**FILED** MAR 13 1946  
318

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

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

**1003**

Registrar's No. \_\_\_\_\_

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: DePaul Hospital  
(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 Missouri (b) County jac.  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5922 Highland Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James M. Stretch

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive, years \_\_\_\_\_

7. Birth date of deceased January 5, 1946  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	--	1	23	hr. _____ min.

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

10. Usual occupation \_\_\_\_\_

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

12. Name Michael Stretch

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

14. Maiden name Mary Fleming

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

16. (a) Informant Mr. Michael Stretch

(b) Address 5922 Highland Ave.

17. (a) Burial (b) Date thereof 2 - 28 - 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address 1225 Mission Blvd

19. (a) MAR 1 1946 J. F. Bredeck  
(Date received local Registrar) (Registrar's signature)

20. DATE OF DEATH: Month February day 28th  
year 1946 hour 6: minute 00 A.M.

21. I hereby certify that I attended the deceased from Jan 6 to Feb 27 1946  
that I last saw him alive on Feb 27 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death prematurity 6 1/2 months  
2) diarrhea

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) (c) Means of injury \_\_\_\_\_

23. Signature J. Wistar White (M. D. or other) \_\_\_\_\_

Address 4320 Olive Date signed 2/28/46

Duration  
Physician  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**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 *Bernard A. J. Stuart*

Licensed Embalmer No. *3500*

P. O. Address *1225 Union Blvd*

**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.**