

FILED APR 22 1946
Registration District No. 31

Primary Registration District No. 3068

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Maplewood Nursing Home 4
(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 St. Louis 100
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1220A Tamm Avenue 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lulu McCammon

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 divorced
6. (b) Name of husband or wife George McCammon 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: May 1 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 11 10 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER }
12. Name Minor Baker
13. Birthplace Washington County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Pinson
15. Birthplace Washington County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sam Movitz
(b) Address 1220A Tamm Avenue
17. (a) Removal (b) Date thereof 4-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation DeSoto, Missouri

18. (a) Signature of funeral director Robert J. Ambruster, Inc.
(b) Address Clayton Rd. at Concordia Lane
19. (a) 4-13-46 (b) E. D. McDaniel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th
year 1946 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from February 1st 1946 to April 11 1946
that I last saw h. or alive on April 10 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: arteriosclerosis
Duration _____

Due to 97
Due to _____

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)
(Means of injury) _____
23. Signature M. E. Sheeh (M. D. or other) _____
Address 961 S. Skinker Rd. Date signed 4/12/46

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

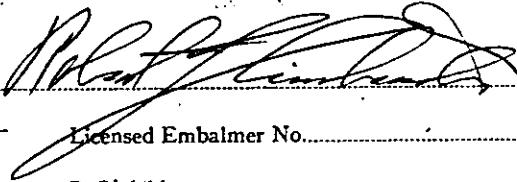
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STATEMENT BY LICENSED EMBALMER

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.....


Licensed Embalmer No.....

P. O. Address.....

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.