

FILED APR 22 1946 STANDARD CERTIFICATE OF DEATH

14439

State File No.

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 843

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

1. PLACE OF DEATH:
 (a) County... St. Louis
 (b) City or town... Wellston, Mo.
 (c) Name of hospital or institution:
6411 Derby
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution... life
 (Specify whether life)

2. USUAL RESIDENCE OF DECEASED:
 (a) State... Missouri (b) County... St. Louis 91
 (c) City or town... Wellston
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6411 Derby
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country...

3. (a) PRINT FULL NAME Edna H. Tetsworth

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 Widow

6. (b) Name of husband or wife... F. Blair 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased... Sept. 26 1888
(Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 16 If less than one day
 hr. min. 0

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

10. Usual occupation Ret.

11. Industry or business

12. Name John Wilson /

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

14. Maiden name Eva H. Stone

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

16. (a) Informant Ed Wilson

(b) Address 6441 Derby

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/15-46 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Alexander Gino

(b) Address 6175 Delmar

19. (a) 4-15-46 (Data received local registrar) (b) E. M. Gorman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 12 year 1946 hour 1 minute 7 M.

21. I hereby certify that I attended the deceased from FEB. 26, 1946, to APRIL 12, 1946, that I last saw him alive on APRIL 12, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF RIGHT OVARY - METASTASIS. Duration 6 Mo.

Due to 49a

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) (e) Means of injury

23. Signature Robert Smith (M. D. or other) M.D.

Address 1194 Hochstadt Date signed 4/13/46

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.....*Thomas R. Fenwick*.....
Licensed Embalmer No.....*3793*.....
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.