

No. 2
M-5-43
5-17-39
I X36671

FILED MAY 10 1946

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5277 Page
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 001
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5277 Page
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Pearl M. Lindley
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 28
year 1946 hour 1:30 minute _____ a. M.

4. (a) Sex Female 5. Color Wh 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Samuel 6. (c) Age of husband or wife if alive _____
7. Birth date of deceased May 14 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-27-46 1946 to 4-28 1946
that I last saw her alive on 4-26 1946; and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 11 Days 14 If less than one day _____ hr. _____ min.
9. Birthplace Mapleton Kansas
(City, town, or county) (State or foreign country)

Immediate cause of death Carcinoma Head of Cervix
Duration 1/2 year

10. Usual occupation at home
11. Industry or business _____
12. Name John M. Quaid
13. Birthplace Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Anger
15. Birthplace Kansas
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) Hog
Major findings: Of operations _____
Of autopsy _____

16. (a) Informant Mrs. Valera Malove
(b) Address 5277 Page
17. (a) Burial, cremation, or removal Removal (b) Date thereof 4-29-46
(City or town) (County) (State) (Month) (Day) (Year)
(c) Place: burial or cremation St. Scott Kansas

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director W. H. Stuart
(b) Address 1225 Union Blvd
19. (a) APD (Date received by registrar) (b) J. F. Bredert (Registrar's signature)

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? _____

23. Signature A. Ruhlman (Specify type of place) _____ (e) Means of injury _____ (M. D. or other) _____
Address 5205 Chippewa Date signed 4-29-46
(Licensed Embalmer's Statement on Reverse Side)

5205 Chippelora
101, ...

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..... *J. Allen Davis Jr*

Licensed Embalmer No. *4053*

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.