

No. 2
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FILED 318
Registration District No. _____

21945 STANDARD CERTIFICATE OF DEATH
Primary Registration District No. **1003**

State File No. **14949**
Registrar's No. **3720**

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

1. PLACE OF DEATH:

(a) County _____

(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: Laclede Hotel
(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

3. (a) PRINT FULL NAME John M. Little

3. (b) If veteran, name war _____

3. (c) Social Security No. 488-03-1162

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Little

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

7. Birth date of deceased Aug. 18, 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>8</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace Chicago Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired - Machinist

11. Industry or business T.P. Curran Printing Co.

MOTHER FATHER

12. Name John Little

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

14. Maiden name Mc Tavisch

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

16. (a) Informant Gladys Kelley

(b) Address 4976 Wren

17. (a) Burial (b) Date thereof 4/24/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill, Edwardsville

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) APR 23 1946 (b) J. F. Buddeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis, 25 17
(If outside city or town limits, write "RURAL")

(d) Street No. Laclede Hotel 520 Chestnut 9
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1946 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Coronary Occlusion

Due to Coronary Sclerosis

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? e, Ill.

(Specify type of place) _____

(e) Means of injury 3

23. Signature Daniel E. Taylor, Dep. Cor
(Name of physician)

Address 1300 Clark Date signed 4-23-46

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed..... *Flornz Eymck*.....

Licensed Embalmer No..... *1284*.....

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.