

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED MAY 10 1946
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3971

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:
2839 1/2 Dickson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 20 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo County St Louis

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

(d) Street No. 2839 1/2 Dickson
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME CARRIE SAUNDERS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 3 Color of race Col

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan 6 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61 3 20 hr. min.

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

10. Usual occupation House Keeping

11. Industry or business _____

12. Name Robert Hoggott

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

14. Maiden name Emaline Dorgan

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

MOTHER FATHER

16. (a) Informant Leanna Williams

(b) Address 2839 1/2 Dickson

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

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director F. A. Green

(b) Address 2915 Franklin ave

19. (a) MAY 1 1946 (Date received local registrar) (b) J. Stuedel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1946 hour 2 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 10 1945 to Apr 26 1946
that I last saw her alive on Apr 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Hypertension
Heart Condition
Cardiovascular

Due to _____

Due to _____

Other conditions 93d
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy 220

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) _____ 220

(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)

(b) Means of injury _____

23. Signature Johnnie L. Miller (M. D. or other) _____

Address St. Louis Date signed 4-30-46

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.....

J. A. Green

Licensed Embalmer No.....

2963

P. O. Address.....

2915 Franklin

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.