

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

FILED JUN 30 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.....
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff Memorial
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community 66 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
 (c) City or town St. Louis (If outside city or town limits, write "RURAL")
 Street No. 2225 Warren St. (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No) 0
 If yes, name country.....

3. (a) PRINT FULL NAME ELIZABETH STINNETT
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female **5. Color or race** White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife late George Stinnett
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased July 4 - 1879
 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>11</u>	<u>5</u> hr. min.

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

10. Usual occupation..... None

11. Industry or business.....

MOTHER FATHER

12. Name John Wallish
13. Birthplace..... (City, town, or county) MO (A)
 (State or foreign country)
14. Maiden name Mary Ellen
15. Birthplace..... (City, town, or county) MO (I)
 (State or foreign country)

16. (a) Informant Mrs. Edna Martin
(b) Address 2225 Warren St.

17. (a) Burial..... (b) Date thereof 6-12-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Care

18. (a) Signature of funeral director.....
(b) Address 2223 St. Louis

19. (a) JUN 12 1946 (Date received local health official)
J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th
 year 1946 hour 9:45 minute P M.
21. I hereby certify that I attended the deceased from 5/16/46
, 19....., to 6/9/46....., 19.....;
 that I last saw her alive on 6/9/46....., 19.....;
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Hypertensive Cardiovascular disease
Due to.....
Due to.....
Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy Not done

Duration
 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?

23. Signature R. P. Subbleph
 Address 1315 Lafayette Date signed 6/10/46

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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address. 2223 St. Louis

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.