

FILED JUL 26 1946
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 3154 School
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3154 School St (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rosie Bevinue

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race cue 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 March 31 1882
(Month) (Day) (Year)

8. AGE: 64 yrs. Months 3 Days 11
If less than one day: hr. _____ min. _____

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

10. Usual occupation Housework

11. Industry or business _____

12. Name unk Miller

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

14. Maiden name unk

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

16. (a) Informant Ella Stacy

(b) Address 3154 School St

17. (a) Burial (b) Date thereof 7-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. F. Bredeek & Son

(b) Address 3133 Bell Ave

19. (a) JUL 16 1946 J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1946 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7/1/46
19____ to 7/12/46 19____

that I last saw her alive on 7/12/46 19____
and that death occurred on the date and hour stated above.

Immediate cause of death
Aortic Insufficiency, arteriosclerosis and chronic nephritis

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy clinical

Duration

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 plant) (e) Means of injury _____

23. Signature J. F. Bredeek (M. D. or other) M.D.

Address 3100a Lucas Ave. Date signed 7/15/46

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

238834

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. J. Watson*
Licensed Embalmer No. *2698*
P. O. Address *2769 Choate*

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.