

FILED AUG 9 1946
318

State File No. _____
Registrar's No. **6663**

Registration District No. _____
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
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
2703 N. 20th St. /
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2703 N. 20th St
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MARY KNOX
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex FEMALE 5. Color or race White
 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife JAMES 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased SEPT 28 1860
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 27
 year 1946 hour 10 minute 20 P.M.
 21. I hereby certify that I attended the deceased from 7-17-46
 _____, 19____, to 7-27, 1946
 that I last saw her alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 9 Days 29
 If less than one day _____ hr. _____ min.

Immediate cause of death arteriosclerosis
aneurysm abdominal aorta
 Duration ?

9. Birthplace PEORIA ILL
(City, town, or county) (State or foreign country)
 10. Usual occupation HOUSEWORK

Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name VAENTINE SACHS
 13. Birthplace PENN 1
(City, town, or county) (State or foreign country)
 14. Maiden name MARY BROWN
 15. Birthplace ENGLAND 4
(City, town, or county) (State or foreign country)

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 place)
 (e) Means of injury _____

16. (a) Informant Florence McDaniel
 (b) Address _____
 17. (a) BURIAL (b) Date thereof JULY 31 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation CANARY
 18. (a) Signature of funeral director C. L. McKillop
 (b) Address 4386 Lindell
 19. (a) JUL 30 1946 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

23. Signature Charles J. ... (M. D. or other) _____
 Address 3500 N. Grand Date signed 7-29-46

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.....

James A. Lammers

Licensed Embalmer No. *4142*

P. O. Address *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.