

S. No. 2
M-5-43
7. 5-17-39
I X36671

FILED SEP 16 1946

Registration District No. _____

Primary Registration District No. **1003**

State File No. _____

Registrar's No. **7683**

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: Barnes Hospital, O
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 37 days
(Specify whether 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. 7117 S Broadway
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Dorothy L. Damitz
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 4
 year 1946 hour 5 minute 05 A.M.
21. I hereby certify that I attended the deceased from
July 30, 1946, to Sept 4, 1946
 that I last saw h. e. r. alive on Sept 4, 1946;
 and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Charles
 6. (c) Age of husband or wife if alive 25 years
 7. Birth date of deceased Jan. 2 1927
(Month) (Day) (Year)

Immediate cause of death _____
Uremia
 Due to Malignant nephro-sclerosis
 Due to _____

8. AGE:	Years	Months	Days	If less than one day
✓	19	8	2	hr. _____ min.

Other conditions Malignant Hypertension,
(Include pregnancy within 3 months of death)
Pericarditis
 Major findings:
 Of operations _____
 Of autopsy above 121
 PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Arkansas
(City, town, or county) (State or foreign country)
 10. Usual occupation House Wife
 11. Industry or business _____
 12. Name John Eldridge Mo.
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name Hattie Scrivner
 15. Birthplace Mo.
(City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. Hattie Eldridge
 (b) Address 7117a S. Broadway
 17. (a) Burial (b) Date thereof 9-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Hope
 18. (a) Signature of funeral director Jos. P. Fendler Jr.
 (b) Address 7128 Michigan
 19. (a) SEP 5 1946 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

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
 23. Signature R. Bradley (M. D. or other) _____
 Address Barnes Hospital, Date signed 9/4/46

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

30-0000

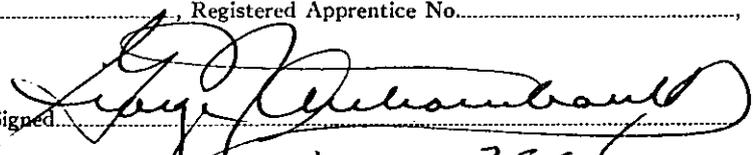
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No. 2906

P. O. Address 728 Michigan

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.