

No. 2
12-45
17-39
X-4707

1005

State File No. _____

FILED SEP 30 1946

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **7794**

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: City Hospital
(If no in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)
 In this community 13 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1420 Bremen
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME RUTH WARREN

3. (b) If veteran, name war NO 3. (c) Social Security No. 498-20-9812

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced divorced

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

7. Birth date of deceased April 25, 1911
(Month) (Day) (Year)

8. AGE: Years 35 Months 4 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Calico Rock, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation FOOD PACKER
FOOD PRODUCTS CO.

11. Industry or business _____

12. Name W.M. HOOD

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

14. Maiden name AUGUSTA STARR

15. Birthplace OSAGE COUNTY MO.
(City, town, or county) (State or foreign country)

16. (a) Informant RUBY SCANLON

(b) Address 1420 BREMEN

17. (a) BURIAL (b) Date thereof 9-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FRIEDENS CEM.

18. (a) Signature of funeral director SUED MEYER & SONS

(b) Address 3934 N. BORN ST.

19. (a) SEP 9 1946 (b) J. F. Bredech
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 8
 year 1946 hour 11 minute 15 AM.

21. I hereby certify that I attended the deceased from 3
September 1946 to 8 September 1946
 that I last saw h. ER alive on 8 September 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Pneumonia, acute 7 days
enteric + cerebral type

Due to _____
 Due to _____
 Other conditions Essential Hypertension yes.
(Include pregnancy within 3 months of death)

Major findings: _____ PHYSICIAN _____
 Of operations z/c
 Of autopsy _____
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 place) (c) Means of injury _____
 23. Signature Robert J. Bredech (M. D. or other) _____
 Address 1515 Lafayette St. Date signed 8/28/46

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

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.....

Albert Mayfield

Licensed Embalmer No.....

3077

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.