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231259

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: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 3 weeks
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. 3948 Garfield
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

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3. (a) PRINT FULL NAME Bertha J. French

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lawrence 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased November 30 1892
(Month) (Day) (Year)

8. AGE: Years 54 Months 0 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Philadelphia Penn
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Chas Esquirelle

13. Birthplace Philadelphia Penn
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Watson

15. Birthplace Philadelphia Penn
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence L. French
(b) Address 3948 Garfield

17. (a) Burial (b) Date thereof 12-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caledonia, Missouri

18. (a) Signature of funeral director Benson J. McKee
(b) Address 1431 Union Pl.

19. (a) 1000 1046 (b) J. F. Bredbeck
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20
year 1946 hour 8 minute 30 P M.

21. I hereby certify that I attended the deceased from Aug 8, 1946, to Dec 20, 1946, that I last saw her alive on Dec 20, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatous, generalized

Due to Primary carcinoma of vulva

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of vulva
Of operations _____
Of autopsy Generalized carcinomatous

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? Yes (Specify type of place) (e) Means of injury _____

23. Signature John B. O'Neil (M. D. or other) M.D.
Address 634 North Grand Date signed 12/31/46

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

MOTHER FATHER

DEC 15 1947

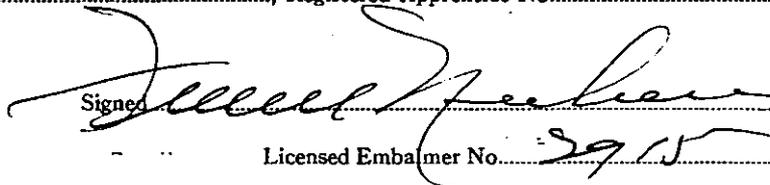
STATEMENT BY LICENSED EMBALMER

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. 2915

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.