

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED MAR 14 1947
Registration District No. **818**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County ST. LOUIS MO.
 (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:
1441 N. 14th St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County ST. LOUIS
 (c) City or town ST. LOUIS MO.
(If outside city or town limits, write "RURAL")
 (d) Street No. 1441 N. 14th St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ROBY CAROL LANDERS
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race negro
 6. (a) Single, widowed, married, divorced 0
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased 12 5 46
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 1 hr. min.

9. Birthplace St. Louis, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Varma Landers
 13. Birthplace Eldorado Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Bede
 15. Birthplace Jackson MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Varma Landers
 (b) Address 1441 N. 14th St.

17. (a) Burial (b) Date thereof 3-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Lee J. Sneed
 (b) Address 3615 Easton Ave

19. (a) MAR 8 1947 Registrar's signature J. H. Hinder
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 6 year 1947 hour 11 minute 4 M.
 21. I hereby certify that I attended the deceased from March 5 1947 to March 6 1947
 that I last saw her alive on March 6 1947 and that death occurred on the date and hour stated above.

Immediate cause of death acute thrombosis Duration _____

Due to _____
 Due to 119

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

Major findings: Of operations _____
 Of autopsy _____
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 place) Means of injury _____

23. Signature Franklin S. Kover (M. D. or other) _____
 Address 1631 Franklin Ave Date signed 3/7/47

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.....

P. O. Address.....

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.