

No. 2
-12-45
-17-39
I X47070

FILED MAR 24 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2530

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital. #1 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 1 week
(Specify whether years, months or days)
 In this community 7 years

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. 3843 Shenandoah Avenue
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MARY TISDALE

3. (b) If veteran, name war nil 3. (c) Social Security No. none

4. Sex F / race W 5. Color or _____
 6. (a) Single, widowed, married, divorced M /
 6. (b) Name of husband or wife John H. 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased August 30, 1867
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th :
 year 1947 hour 10:27 minute A M.

21. I hereby certify that I attended the deceased from 3/1/47
 _____, 19____, to 3/8/47, 19____;
 that I last saw her alive on 3/8/47, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Insufficiency *hacks*

Due to Arteriosclerotic Heart Disease *years*

Due to _____

Other conditions Pneumonia *1 week*
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

8. AGE: Years 79 Months 6 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace ? Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation house-wife
at home

11. Industry or business _____

12. Name unknown
 13. Birthplace unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Frances Grizzle
 15. Birthplace ? Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant John Tisdale
 (b) Address 3843 Shenandoah Avenue

17. (a) Burial (b) Date thereof 3-11-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Warrenton, Missouri

18. (a) Signature of funeral director A.W. McLaughlin
 (b) Address 2301 Lafayette Avenue

19. (a) MAR 10 1947 (b) J.P. Bredek
(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 Arbitt Sreek *93*
 Address 1515 Lafayette *93*
(M.D. or other) (Date signed) 3/8/47

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.....

C W Cooper

Licensed Embalmer No. *3730*

P. O. Address *2301 Lafayette Ave*

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.