

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

FILED MAR 24 1947

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2751

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: St. John's 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 _____
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. 4533 Ruskin Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Olive G. Travers

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

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

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

7. Birth date of deceased September 18, 1919
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1947 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan. 25, 1947, to March 13, 1947, that I last saw her alive on March 13, 1947, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

27 5 25 hr. min.

Immediate cause of death Regional Stenitis Duration 3 months

Due to _____

Due to _____

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

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

10. Usual occupation Stenographer

11. Industry or business _____

Major findings: Regional Stenitis PHYSICIAN _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name John P. Travers

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Gertrude Oliver

15. Birthplace Bloomington Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant John P. Travers
(b) Address 4533 Ruskin Ave.

17. (a) Burial (b) Date thereof March 17/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Weick Brothers
(b) Address 2201 S. Grand Bl.

19. (a) MAR 15 1947 (b) J. F. Bedeck
(Date received by 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 Chorus Miller (M. D. or other) _____
Address 408 Hawthall St. Date signed 3/19/47

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

Dr. Chas. Miller
Numboldt
Bldg.

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. 403
working under my personal supervision.

Signed Wm. A. Stewart

Licensed Embalmer No. 3722

P. O. Address 2201 S. Grand Bl.

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.