

No. 2
1-5-43
5-17-39
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FILED MAY 1 1948 18

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State File No. _____

Registrar's No. 4225

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
775 Goodfellow
(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

3. (a) PRINT FULL NAME Jane Ruth

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

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased: Feb. 20, 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	2	3	hr. min.

9. Birthplace Collinsville, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Joseph Lundak

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

14. Maiden name Jane Robson

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

16. (a) Informant Mrs. Isabelle Combast

(b) Address 775 Goodfellow

17. (a) Burial (b) Date thereof Feb. 26, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Craig Mortuary,

(b) Address 4468 Washington -8-

19. (a) APR 24 1948 (b) J. F. Bredbeck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 775 Goodfellow
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23 day Apr
year 1947 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Apr 10, 1947, to Apr 23, 1947
that I last saw him alive on Apr 22, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: coronary thrombosis

Duration 36 hrs

Due to myocardial infarction

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

Major findings: 93d

Of operations _____

Of autopsy no

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? no (Specify type of place) _____

(e) Means of injury _____

23. Signature J. S. Norman (M. D. or other) _____

Address 4903 Delmar Date signed Apr 23

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

MOTHER, FATHER

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 *Philip M. Benson*.....

Licensed Embalmer No..... 3281.....

P. O. Address..... 4468 Washington-8.....

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.