

No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15854
State File No. _____
Registrar's No. 938

Registration District No. 317

Primary Registration District No. 3066

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Daugherty-Ferry Rd.
(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 Mo. (b) County 96
(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")
(d) Street No. Daugherty-Ferry Rd. 3
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RUTH ANN HOWARD
(b) If veteran, name war None
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 24
year 1947 hour 8 minute 20 a. m.
21. I hereby certify that I attended the deceased from
3-29 1947 to 4-24 1947
that I last saw her alive on 4-23 1947
and that death occurred on the date and hour stated above.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
(b) Name of husband or wife Late Pratt
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 6 1869
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration _____
Due to Hypertension
Due to Cause unknown
Other conditions None
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
77 4 18 hr. _____ min.

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name John Eglehart

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

14. Maiden name Mary Kendall

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

16. (a) Informant Mrs. S. Kearney

(b) Address Daugherty-Ferry Rd.

17. (a) Removal (Mtr.) (b) Date thereof 4 25 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evansville, Ind.

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) 4-26-47 (b) Local R. J. Shapiro
(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 0

23. Signature M. Bennett M.D. (M. D. or other) M.D.

Address 243 W. Jefferson, Kirkwood Date signed 4-24-47
Mo.

W.E. H. Hoff

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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 Richard W. Stoverand

Licensed Embalmer No. 4007

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.