

No. 2
-1/47
-17-39

FILED JUN 5 1947
Registration District No. **318**

Primary Registration District No. **1003**

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: **Park Lane Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis** **96**
(c) City or town **Pine Lawn** **0**
(If outside city or town limits, write "RURAL") **6**
(d) Street No. **4117 Ravenwood Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No) **1**
If yes, name country.....

3. (a) PRINT FULL NAME **Della Florence Skelton**
3. (b) If veteran, name war.....
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **20**
year **1947** hour **3** minute **A.M.**

4. Sex **female** race **white**
5. Color or race.....
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **George V. Skelton**
6. (c) Age of husband or wife if alive **41** years
7. Birth date of deceased **12 12 1911**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **5-15-47** to **5-20-47**, 19....., 19.....
that I last saw him **aw** alive on **5-19-47**, 19.....
and that death occurred on the date and hour stated above.

8. AGE: Years **35** Months **5** Days **8**
If less than one day hr. min.

Immediate cause of death **Pulmonary embolism**
No Pregnancy
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace **Cherokee, Oklahoma**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**

Major findings:
Of operations.....
Of autopsies.....
PHYSICIAN
Underline the cause of which death should be charged statistically.

11. Industry or business.....
12. Name **Marion C. Redell**
13. Birthplace **Kansas**
(City, town, or county) (State or foreign country)
14. Maiden name **Lilly Murphy**
15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **George V. Skelton**
(b) Address **4117 Ravenwood Ave.**
17. (a) **removal** (b) Date thereof **5/21/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Springfield, Missouri**

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?..... (Specify type of place)
While at work?..... (e) Means of injury **0**
23. Signature **C.G. Drum** (M. D. **Drum**)
Address **1927A Union** Date signed **5-21-47**

18. (a) Signature of funeral director **Drehmann-Harral**
(b) Address **1905 Union Blvd.**
19. (a) **MAY 21 1947** (b) **J. F. Bredeek**
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USING 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

W. Warren A. Carver

Licensed Embalmer No.

3534

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.