

FILED AUG 15 1947
61847

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 7466

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:
4927 Thrush Ave /
(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 Ada Tunnicliff

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

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

6. (b) Name of husband or wife Ransom Tunnicliff 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Feb 11 (Month) Th (Day) 1865 (Year)

8. AGE: Years Months Days 26 If less than one day
82 ----- 5 ----- 20 ----- hr. min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER

12. Name John Crountree

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

14. Maiden name Not known

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

16. (a) Informant Ransom Tunnicliff

(b) Address 4927 Thrush Ave 1947

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 9 (Month) Th (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Edmond Koch

(b) Address 3516 N 34th Str

19. (a) AUG 8 1947 (Data received local registrar) (b) J. F. Budeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 4927 Thrush Ave (If rural, give location) 9
(e) Citizen of foreign country? 7 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7th
year 1947 hour 7:00 minute A M.

21. I hereby certify that I attended the deceased from August 5th, 1947 to Aug 7th, 1947
that I last saw her alive on Aug 5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic valvular heart disease

Duration

Don't know

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. R. Merrow (M. D. or other) MD
Address 5330 Geraldine signed 8-8-47

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.....

Licensed Embalmer No. *Ronald Yehke*

P. O. Address. *3917*

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.