

No. 2
2-45
17-39
X47070

FILED SEP 2 1947
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution Barnes Hospital, 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Myrtle Annie Heslop

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Earl Heslop

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased August 23 1895
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>51</u>	<u>11</u>	<u>24</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Julius M. Goodgion

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

14. Maiden name Mattie Ferguson

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

16. (a) Informant Earl Heslop

(b) Address 23 D. Hood Village, So Camp Hood

17. (a) Removal
(Burial, cremation, or removal)

(b) Date thereof 8/18/47
(Month) (Day) (Year)

(c) Place: burial or cremation Waco, Texas

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.,

19. (a) AUG 18 1947
(Date received)

(b) J. F. Brudick's
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County 999

(c) City or town South Camp Hood 41
(If outside city or town limits, write "RURAL")

(d) Street No. 23 D Hood Village 0
(If rural, give location) 21

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17
year 1947 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from Aug 6, 1947 to Aug 17, 1947
that I last saw her alive on August 17, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic Carcinoma Rt. Lung

Duration

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Inoperable Carcinoma Right Lung

Of operations

Of autopsy As above.

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?

(Specify type of place)

While at work? (e) Means of injury

23. Signature JR Bradley (M. D. or D. O.)

Address Barnes Hospital Date signed 8/18/47

7848

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.....

Ernest W. Speller

Licensed Embalmer No. 4080

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.