

No. 2
-1/47
-17-39

National Office of Vital Statistics
FILED DEC 31 1947
Registration District No. **318**

Primary Registration District No. **1003**

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

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:
4832 Hamburg Ave.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County STO

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

(d) Street No. 4832 Hamburg Ave.
2 (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME HELENA J. CARRON

3. (b) If veteran, name war None 3. (c) Social Security No.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Late George 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Mar. 1 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 9 11 hr. min.

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

10. Usual occupation Housework

11. Industry or business.....

12. Name John Drury 9

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

14. Maiden name Dee Dee Boyer

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

16. (a) Informant Roy Carron

(b) Address 4832 Hamburg Ave.

17. (a) Burial (b) Date thereof 12-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address 4228 So. Kingshighway Bl.

19. (a) DEC 15 1947 (b) J. F. Brueck
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12 year 1947 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from 6/15/47, 19....., to 12/12, 19....., and that I last saw her alive on 12/10, 19....., and that death occurred on the date and hour stated above.

Immediate cause of death: Constriction of brain
fracture 5-6-7 ribs

Due to: Dyspnoea
Chylocystitis etc

Other conditions: 1866
(Include pregnancy within 6 months of death)

Major findings: None

Of operations: None

Of autopsy: None

22. If death was due to external causes, all in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 12/12/47

(c) Where did injury occur? 37th St. Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home 12/12/47
(Specify type of place)

While at work? None (e) Means of injury fall down stairs

23. Signature W. Wagenbach (M. D. or other) 0

Address 4755 Morganford Date signed 12/15/47

PHYSICIAN

Underline the cause of which death should be charged statistically.

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. Stovesand

• 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.