

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

4131

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
In this community 3 weeks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Catherine Carey

3. (b) If veteran, name war _____

No.

3. (c) Social Security No. _____

No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife George

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Sept 20 1901

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Day

If less than one day

46

7

9

hr.

min.

9. Birthplace St. Louis Missouri

(City, town, or county)

(State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name John Stephenson

13. Birthplace Brentwood Mo.

(City, town, or county)

(State or foreign country)

14. Maiden name ANNIE Smith

15. Birthplace East St. Louis Missouri

(City, town, or county)

(State or foreign country)

16. (a) Informant Therese Puder

(b) Address Cuba, Mo.

17. (a) Burial (b) Date thereof 5-1-1948

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation Holy Cross Ch. Cuba, Mo.

18. (a) Signature of funeral director Frank Quinn

(b) Address Cuba, Mo.

19. (a) MAY 1 1948 (b) J. F. Bredeck

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Crawford
(c) City or town Steelville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1948 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 1947 to 29 April 1948
that I last saw her alive on 28 April 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Exudative pericarditis

Duration

1 Year

Due to Obstruction of Thoracic duct from attack of pleurisy several years ago.

Other conditions Bilateral atelectasis
(Include pregnancy within 3 months of death)

Major findings: Of operations None performed
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 J. F. Bredeck (M. D. or other)
Address 539 N. Grand St. Cuba, Mo. Date signed 4/29/48

WRITE PLAINLY—USE 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.....

James R. Chapman
.....
working under my personal supervision.

Registered Apprentice No. *2*

Signed *Paul P. Hamilton*
.....
Licensed Embalmer No. *3479*

P. O. Address *Cuba, Mo.*

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.