

FILED AUG 23 1948
Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

- (a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff-Memorial
(If not in hospital or institution, write street number)
(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME Edith Day

3. (b) If veteran,

name war.....

3. (c) Social Security No.

5. Color or
4. Sex FEMALE race W
6. (a) SINGLE widowed, married,
divorced MARRIED
6. (b) Name of husband or wife FRANCIS DAY
6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased MAY 2 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 3 5 hr. min.

9. Birthplace ST. LOUIS, CTY. ILLINOIS
(City, town, or county) (State or foreign country)10. Usual occupation HOUSEKEEPER11. Industry or business OWN12. Name UNKNOWN UNKNOWN13. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)14. Maiden name UNKNOWN UNKNOWN15. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)16. (a) Informant Mr. Francis Day(b) Address 3860 E. M^{rs} REE AVE.17. (a) REMOVAL (b) Date thereof Aug 8-48
(Date of removal or removal) (Month) (Day) (Year)(c) Place: burial or cremation Decatur Illinois18. (a) Signature of funeral director E. J. Schur(b) Address 3125 Lafayette Ave.19. (a) AUG 8 - 1948 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO. (b) County MOO
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3860 A M^{rs} REE AV.
17 (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7
year 1948 hour 6 minute 10 A.M.21. I hereby certify that I attended the deceased from 8-2-48
....., 19..... to..... 8-7-48, 19.....
that I last saw her alive on 8-7-48, 19.....
and that death occurred on the date and hour stated above.Immediate cause of death Uremia DurationDue to arteriosclerotic heartDue to Diabetes MellitusOther conditions.....
(Include pregnancy within 3 months of death)Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline
the cause of
which death
should be
charged sta-
tistically.

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 John J. Mendenhall Date signed 8-7-48
Address 1515 Lafayette Avenue

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.....

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.