

Registrar's No. 7233

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 00
(c) City or town St. Louis
(If outside city or town limits, write "RURAL.")
(d) Street No. 3225 N. 22nd St.
(If rural, give location)
(e) Citizen or foreign country? 20 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17
year 1948 hour 2 minute 7 P. M.

21. I hereby certify that I attended the deceased from August 1, 1948, to August 17, 1948
that I last saw him cr alive on August 16, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Chronic Myocarditis</u>	<u>???</u>

Due to.....

Due to.....

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings: *None* PHYSICIAN

Of operations..... NEAR 11 Underlin
the cause o

Of autopsy.....None.....which death should be

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

(a) Accident, suicide, or homicide (specify) None

(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? Yes

While at work? Yes (Specify type of place) at home

23. Signature [Signature] (M, D, or other) _____

Address 2730 N. Grand Blvd Date signed 8-18-68

(Licensed Embalmer's Statement on Reverse Side)

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

2433

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.