

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

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(38671)

FILED DEC 8 1948

State File No. _____

Registration District No. **318** Primary Registration District No. _____

1003 Registrar's No. **19275**

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:
5933 Clemens
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 24 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 5933 Clemens
(If rural, give location)

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

3. (a) PRINT FULL NAME FREDERICK M. HARGREAVES

3. (b) If veteran, name war Spanish-American

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bessie Washburn Hargreaves 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Dec. 8, 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>11</u>	<u>17</u>	hr. min.

9. Birthplace Dwight, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Retired

12. Name Frederick B. Hargreaves

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

14. Maiden name Mary Noel

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

16. (a) Informant Mrs. Bessie W. Hargreaves

(b) Address 5933 Clemens

17. (a) Removal (b) Date thereof 11-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Cem., Chicago, Ill.

18. (a) Signature of funeral director Alexander + Son

(b) Address 6175 Delmar Blvd., St. Louis, Mo.

19. (a) NOV 26 1948 (b) J.B. Lassiter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25th
year 1948 hour 8:45 minute A.M.

21. I hereby certify that I attended the deceased from Oct. 10
1943 to Nov. 25 1948

that I last saw him alive on Oct. 26 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Arterio-sclerotic heart disease

Due to _____

Other conditions 9/3/48
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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?
While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Robert M. Smith (M. D. or other) M.D.

Address 114 N. Taylor Date signed 11/26/48

Duration immediate

at least 5 yrs.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Sam Grant
114 N Taylor
Je 8600
Res Ca 5011
9'30

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 Thomas R. Demirk

Licensed Embalmer No. 3793

P. O. Address 6175 Delmar

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.