b. CUNTY D. CITY (II duticle corporate limits, write RURAL and give township) STAY (in table place) TOWN St. Louis Mo. G. FULL NAME OF (If set in hospital or institution, give street address or location) NOSTITUTION St. Louis State Hospital SAME OF (INSTITUTION St. Louis State Hospital (INSTITUTION St. Louis State Hospital St. Louis State Hospital St. Louis State Hospital (IV rural, give location) DECEASED a. (First) DECEASED Print) Rade Type or Print; Rade Norda DECEASED INSTITUTION (Give lated of work WILDOWED DIVORCED (Specifyr WILDOWED DIVORCED (Specifyr May 1871) I.B. DOTAT I.B. CAUSE OF BATH B. CAUSE OF EATH B. CAUSE OF DEATH B. CAUSE OF DEATH B. CAUSE OF DEATH B. CAUSE OF CONDITION B. DISEASE OR CONDITION B. DISEASE OR CONDITION MEDICAL CERTIFICATION DISEASE OR CONDITION DISEASE OR CONDITION CITY TOWN OR TOWNSHI	HILLU SEP 25		100	F DIABION OL UE	ALTH OF MISSOL	7 /NI			0 A A	7
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TION, REMOVAL (Speedly) ALIC 3.1 1955 Anotomical Board St. Louis Mo.	la, BURIAL, CREMA-	· 240. DAIL				~ ·				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 1 25 FUNERAL DIRECTOR'S SIGNATURE OTVICO ADDRESS	4a. BURIAL, CREMA- ION, REMOVAL (Speedly)	۱ I	1955	Anatomic	al Board	St. 11	owis_N	70 d		
Alig 31 1355 Call Month Montand Faier in orthograms Ave. M. B. (Licensed Embalmer's Statement on Reverse Statemen	ATE REC'D BY LOCAL REG.	AUG 31		E/ - 1) in a	25 FUNERAL DIRE	CTOR S SI	TAY WE	TO.	DDRESS	

STATEMENT BY LICENSED EMBALMER

ractedy certaly that the body whose n	ame is recorded on the reverse side of this certificate was em
by me, or by	, Student Embalmer No
working under my personal supervision	. \

Student Signature of Student Embalmer Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.