

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1667 AUG 17 1939

Registration District No. 291

Primary Registration District No. _____

Registrar's No. 6127

1. PLACE OF DEATH: **1003**

(a) County _____
 (b) City or town 1354a Semple Ave. St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 80 Years (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
St. Louis
 (c) City or town _____ (If outside city or town limits, write "RURAL")
1354a Semple Ave.
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mrs. Caroline Lena Wasem
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th.
 year 1939 hour 11 PM. minute 35 M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Adam Wasem
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 12 1859
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 30, 1939, to July 10, 1939
 that I last saw her alive on July 8, 1939
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>0</u>	<u>28</u>	hr. _____ min. _____

Immediate cause of death urina acute Duration 12 days
 Due to interstitial nephritis 2 yrs

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country) 0
 10. Usual occupation Housework 9

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

11. Industry or business _____
 MOTHER FATHER {
 12. Name Christ Gross
 13. Birthplace Don't Know (State or foreign country) 9
 14. Maiden name Mary Nnde (City, town, or county) (State or foreign country)
 15. Birthplace Don't Know (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Leona K. Smith
 (b) Address 1354a Semple Ave.
 17. (a) Burial (b) Date thereof July 13-30
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. John Cemetery

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? _____

18. (a) Signature of funeral director Henry Ledner, Ind. Co
 (b) Address 1417 N. Market St.
 19. (a) JUL 11 1939 (b) J. D. [Signature]
 (Date received local registrar)

While at work? _____ (Specify type of place) (a) Means of injury 1
 28. Signature F. R. Finigan (M. D. or other) 1
 Address Humboldt Bldg. St. Louis Date signed 7/11/39

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mills & Co

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 Homer J. Ponder
Licensed Embalmer No. 3867
P. O. Address 2223 St. Louis

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, above space should be left blank.