

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.

JAN 12 1940

Registrar's No. 10280

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH: 1
 (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:
City Sanitarium
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 yr. 4 mos. 27 days
(Specify whether
 In this community 39 yrs 8 mos. 11 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1
 (a) State Missouri (b) County _____
 (c) City or town St. Louis, 2-3
(If outside city or town limits, write "RURAL")
 Street No. 706 Souldard
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Emma Fortner 635
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 30th.
 year 1939 hour 6:55 minute 0 p m M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Hughie Hughie Fortner
 6. (c) Age of husband or wife if alive 37 years
 7. Birth date of deceased 3 19 1900
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 4, 1938 to Nov. 30th 1939
 that I last saw her alive on Nov. 30th 1939
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
39 8 11 _____ hr. _____ min.

Immediate cause of death. Paretic Seizure
7-39x
 Duration _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

Due to General Paralysis of the Insane

10. Usual occupation Housewife

Due to 7-39x

MOTHER FATHER
 11. Industry or business _____
 12. Name Oswald Bauer
 13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Emilia Gihivort
 15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
(Handwritten signature)

Major findings: Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Clara Jodt
 (b) Address 5400 Central St
 17. (a) Burial (b) Date thereof 12/4/39
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Matthews

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 Wacker - Welder
 (b) Address 2331 S. Broadway

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

19. (a) DEC 1 1939
(Date received local registrar) (Registrar's signature)

23. Signature W. G. ... (M. D. or other)
 Address 5400 Central St. Date signed _____

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

Frank J. Daniel Sr.

Licensed Embalmer No.

2648

P. O. Address

St Louis Mo

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.