

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

Registration District No. 7001 Primary Registration District No. _____

1. PLACE OF DEATH: 1003
 (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:
St. Anthony Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 Days
 In this community Life
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Catherine Vernon 1056
 3. (b) If veteran, name war None
 3. (c) Social Security No. None
 4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Hart Vernon
 6. (c) Age of husband or wife if alive 33 years
 7. Birth date of deceased May 14 1906
 (Month) (Day) (Year)

8. AGE: Years 33 Months 6 Days 16
 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business 9

12. Name Unknown Roller

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

14. Maiden name Unknown Nancy Roller

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

16. (a) Informant's own signature Hart Vernon
 (b) Address 4472 Taft ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof December 4 1939
 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director R. Hoffmeister
 (b) Address 7814 S. Broadway

19. (a) J. F. Buddeck (b) 1939
 (Date of local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4472 Taft ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 30
 year 1939 hour 4 minute 10 P. M.
 21. I hereby certify that I attended the deceased from NOVEMBER 24, 1939, to NOV. 30, 1939,
 that I last saw her alive on NOV. 30, 1939,
 and that death occurred on the date and hour stated above.

Immediate cause of death Fat embolus Duration 12 hrs.
 Due to LAPAROTOMY 4 1/2 days
LABOR OF PREGNANCY 1 1/2 days

Other conditions Acute appendicitis 5 days
 (Include pregnancy within 3 months of death)
 Major findings: Acute purulent
 Of operation appendicitis.
 Of autopsy CHR. CHOLECYSTITIS & STONE
Fat Embolus of Brain

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 _____
 23. Signature W. F. Newman (M. D. or other) MD
 Address 3115 N. Grand Date signed 12/1/39

Case 8370 3 PM.

7824

3115 S Broad

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 Linus E. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broad

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.