

JAN 12 1940

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 11241

1. PLACE OF DEATH:

(a) County 1
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community _____
years, months or days)

8. (a) PRINT FULL NAME MALINDA BISE 248
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 4 1847
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>92</u>	<u>10</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER { 12. Name Don't Know
13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

FATHER { 14. Maiden name Don't Know
15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Adelaide Willman
(b) Address 3831 Iowa Ave.

17. (a) Burial (b) Date thereof Jan. 2, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NewSS, Peter & Paul Cem.

18. (a) Signature of funeral director: J. H. Hubert Div. 1st Bldg. Co.
(b) Address 2842 Meramec St.

19. (a) DEC 31 1939 (b) J. H. Hubert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
(c) City or town St. Louis 27
(If outside city or town limits, write "RURAL")
(d) Street No. 3831 Iowa Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31
year 1939 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Concussion of Brain Duration _____
Broken back when she
fell down 11 steps at her
home 3831 Iowa Ave.
Dec 28 1939 about 5:30 PM
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 186a
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Dec 28 1939
(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature W. H. Kosner (Specify type of place) _____
(City or town) (County) (State) _____
Address _____ Date signed 1/40

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.

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..... *Herman A. Gebken*

Licensed Embalmer No.....

P. O. Address.....

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.