

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.

Registration District No. 284 Primary Registration District No. 106 Registrar's No. 2316

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Ferkswood
 (c) Name of hospital or institution: Old folks home
 (d) Length of stay: In hospital or institution _____
 In this community _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Ferkswood, Mo.
 (d) Street No. 711 S. Ferkswood Rd.
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Jane Wilson 425
 8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 28
 year 1939 hour 7 minute AM

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct 5 1850

21. I hereby certify that I attended the deceased from Nov 39 to Dec 29 1939
 that I last saw her alive on Dec 24 1939
 and that death occurred on the date and hour stated above.

8. AGE: Years 89 Months 2 Days 23 If less than one day _____ hr. _____ min.

Immediate cause of death Coronary Myocarditis
 Due to Hypertension
 Due to 732
 Other conditions _____
 (Include pregnancy within 3 months of death)

9. Birthplace Ohio
 10. Usual occupation Nil
 11. Industry or business _____
 12. Name Restinson 9
 13. Birthplace unknown
 14. Maiden name unknown
 15. Birthplace unknown

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

16. (a) Informant's own signature Old folks home
 (b) Address 711 S. Ferkswood Rd.
 17. (a) Burial (b) Date thereof 12-30-39
 (c) Place: burial or cremation Oak Hill
 18. (a) Signature of funeral director Louis N. Jeff
 (b) Address Ferkswood, Mo.
 19. (a) DEC 28 1939 (b) M. E. Barnett
 (Date received local registrar) (Registrar's signature)

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? _____
 (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 M. E. Barnett (M. D. or other) _____
 Address 243 W. Jefferson signed 12-29

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.....

Louis H. Depp
.....
working under my personal supervision.

Registered Apprentice No.

Signed.....
Louis H. Depp

Licensed Embalmer No. *921*

P. O. Address *Richwood 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.