

No. 2
4-13-40
1-17-39
I 22315

ED AUG 25 1940 91
Registration District No. _____

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2641 Rutger 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 6 Months
years, months or days)

3. (a) PRINT FULL NAME Rosalie Ann Endicott 532

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 666

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 19 1940
(Month) (Day) (Year)

8. AGE: Years 0 Months 6 Days 3 hr. _____ min. If less than one day

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

10. Usual occupation None

11. Industry or business ll

MOTHER FATHER { 12. Name Fred Endicott 0
13. Birthplace Kansas City, Mo (State or foreign country)
14. Maiden name Lily Voyles
15. Birthplace Mississippi (State or foreign country)

16. (a) Informant Fred Endicott
(b) Address 2641 Rutger

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-40
(Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem

18. (a) Signature of funeral director J. F. M. Langley
(b) Address Lafayette Ave

19. (a) JUL 22 1940 (Date received local registrar) (b) J. F. Endicott (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 22
(If outside city or town limits, write "RURAL")

(d) Street No. 2641 Rutger
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22, 1940
year 1940 hour 2 A. M. minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death. Stroke (arteriosclerosis)
(Hypertension died)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 119 B

Major findings: 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) _____

(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) _____ (Specify type of means of injury)

23. Signature Alfred Meyer (M. D. or other) _____
Address St. Louis Date signed 7/24/40

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

Paul A. Keith

Licensed Embalmer No.

3617

P. O. Address

2317 Lafayette

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, fact should be so stated above.