

Registration District No. **791** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis
(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) 1
(d) Length of stay: In hospital or institution 20 Years. (Specify whether years, months or days)

8. (a) PRINT FULL NAME JEANNE RISING

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 Married

6. (b) Name of husband or wife Harold Rising 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Oct 25 1913
(Month) (Day) (Year)

8. AGE: Years 26 Months 10 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name ? D'ARCY

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

14. Maiden name Unknown

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

16. (a) Informant Harold Rising
(b) Address 4815 MIAMI ST

17. (a) Burial (b) Date thereof Sept 16/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Matthews

18. (a) Signature of funeral director Thos. Dulis, Son

(b) Address 2906 Gravois

19. (a) SEP 16 1940 (b) J.P. Prudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. LOUIS. 15
(If outside city or town limits, write "RURAL")
(d) Street No. 4815 MIAMI ST.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 20 Years. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13
year 1940 hour 9 00 PM 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 Apoplexy Duration _____

following Convulsions

Due to following Intestinal

Due to adhesions of

Other conditions following previous ed

Major findings: operations. History

Of operations of type of operation

Of autopsy ventures

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) (b) Means of injury 5

23. Signature Joseph W. Coen (M. D. or other) _____

Address Dequeto Coen 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 _____

Thos. Curtis

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Thos. Curtis

Licensed Embalmer No. 1619

P. O. Address 2906 Graves

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.