

Registration District No. _____

Primary Registration District No. 1003Registrar's No. 10130

1. PLACE OF DEATH:

(a) County St Louis Mo.
 (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 4243 Connecticut
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community Entire Life
years, months or days

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. 4243 Connecticut
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8th
 year 1940 hour 1 minute 15 A.M.
 21. I hereby certify that I attended the deceased from Nov 13
1940, to Dec 8, 1940
 that I last saw her alive on Dec 2, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma
Both breasts
 Due to with
metastases to neck & lungs
 Due to _____

Duration

2 years

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

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 T. R. Weber (M. D. or other) _____
 Address 2816 Sullivan Ave Date signed 12-9-40

3. (a) PRINT FULL NAME Margaret . L . Garrett3. (b) If veteran, name war No 3. (c) Social Security No. _____4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 34 years7. Birth date of deceased August 10, 1911
(Month) (Day) (Year)8. AGE: Years 29 Months 3 Days 29 If less than one day
hr. min.9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name William Council13. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)14. Maiden name Alta Angus
(City, town, or county) (State or foreign country)15. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)16. (a) Informant Mr. William E. Garrett(b) Address 4243 Connecticut17. (a) Burial (b) Date thereof 12/11/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Oscar J. Hoffmeister(b) Address 4016 Chippewa19. (a) DEC 10 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

FILED JAN 15 1941 791

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

Ernest W. Spillers

Licensed Embalmer No. *4080*

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, fact should be so stated above.