

No. 2
17-39
X2915

FEB 25 1949
Registration District No. **91**

Primary Registration District No. **1003**

Registrar's No. **108**

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

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Enroute to City Hospital **3**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 2 years 6 months

3. (a) PRINT FULL NAME JULIA LEE STORY
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex female / 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Robert L.
 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased February 14 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>10</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business At Home

MOTHER FATHER {
 12. Name Unknown
 13. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown **4**
(City, town, or county) (State or foreign country)

16. (a) Informant Alvy Williams
 (b) Address 9945 Clyde Av. Lemay, Mo.

17. (a) Removal (b) Date thereof Jan 7, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayti, Missouri

18. (a) Signature of funeral director A. M. McLaughlin

(b) Address 2501 Lafayette Av.

19. (a) JAN 6 1949 (b) J. H. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis **2217**
(If outside city or town limits, write "RURAL")
 (d) Street No. 1221 So. Sixth Street (rear) **9**
(If rural, give location)
 (e) If (predeceased) or (born) _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 1 day 5
 year 1949 hour _____ 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 Cerebral hemorrhage
apoplexy
 Due to _____
 Due to _____

Other conditions 430
(Include pregnancy within 3 months of death)

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 place)
 (e) Means of injury 3

23. Signature Thomas J. Callahan (M. D. or other) **3**
 Address Deputy, Corona Date signed 1/6/49

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 LR. Cooper
Licensed Embalmer No. 3633
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.