

Registration District No. **7911**Primary Registration District No. **1003**Registrar's No. **322**

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Lakewood
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 7743 Genesta Faith Hospital
 (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) life

3. (a) PRINT

FULL NAME Emma Ray3. (b) If veteran,
name war _____3. (c) Social Security
No. _____

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife John A. 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased January 25, 1857
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 11 16 hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name (unk) Holden
 13. Birthplace Not known Not known
 (City, town, or county) (State or foreign country)
 14. Maiden name Not known
 15. Birthplace Not known Not known
 (City, town, or county) (State or foreign country)

16. (a) Informant: Nancy Northcraft(b) Address 7743 Genesta

17. (a) burial (b) Date thereof 1/13/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews Cem18. (a) Signature of funeral director John S. Ziegenhein(b) Address 7027 Travis Lane

19. (a) JAN 13 1941 (b) J. B. Bredbeck
 (Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7743 Genesta
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11
 year 1941 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec. 12
 _____, 1940, to Jan. 11, 1941
 that I last saw her alive on Jan. 10, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation Duration _____

Due to Pneumonia, HypostaticDue to Intestinal Obstruction

Other conditions Fracture left femur
 (Include pregnancy within 3 months of death)

Major findings: None

Of operations _____

Of autopsy None

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) Accident
 (b) Date of occurrence Dec. 11, 1940
 (c) Where did injury occur? Her home after Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
in home

While at work? _____ (Specify type of place)
 (e) Means of injury fall off

23. Signature Nicholas S. Vitale (M. D. or other) _____
 Address 3861 St. Louis Ave. Date signed 1/13/41

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.....

B. P. Kidwell

Licensed Embalmer No.....

3877

P. O. Address.....

7027 Krawon

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.

Registration District No. 791

Primary Registration District No. 1003

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town St. Louis N. R.
(If outside city or town limits, write "RURAL")
(d) Street No. 7743 Genesta
(If rural, give location)
(e) Citizen of foreign country? Yarderville (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Jan day 11
year 1941 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 _____
Duration _____

3. (a) PRINT FULL NAME Emma Ray
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, wid

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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

Major findings: Of operations _____

Of autopsy _____

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 Nicholas J. Vitale (M. D. or other) _____

Address 3861 St. Louis ave. Date signed _____

SUPPLEMENTARY

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

REVENUE MOBILE

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.....

Licensed Embalmer No.....

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.