

JUN 6 1941

Registration District No. 184

Primary Registration District No. 200

Registrar's No. 988

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rural Meramec Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
East Melrose Road
(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 Missouri (b) County St. Louis
(c) City or town Rural Meramec Township
(If outside city or town limits, write "RURAL")
(d) Street No. East Melrose Road
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Sarah Jane Athey

3. (b) If veteran, name war None 3. (c) Social Security No. None

20. DATE OF DEATH: Month May day 8
year 1941 hour 4 minute 30 P. M.

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

21. I hereby certify that I attended the deceased from Dec 11
1939 to May 7, 1941
that I last saw h. alive on May 7, 1941
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife James W. Athey 6. (c) Age of husband or wife if
alive 81 years

Immediate cause of death

7. Birth date of deceased June 26, 1859
(Month) (Day) (Year)

Chronic Myo-Carditis

8. AGE: Years 81 Months 10 Days 12 If less than one day
hr. min.

Due to General arteriosclerosis
Chronic Nephritis

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

Due to

10. Usual occupation Housewife

Other conditions
(Include pregnancy within 3 months of death)

11. Industry or business Own home

Major findings:
Of operations

12. Name John Franklin

Of autopsy

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

14. Maiden name Ann Craddock

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

16. (a) Informant John St. Athey

(b) Address Pacific, Mo. R# 3

17. (a) Burial (b) Date thereof 5/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cem. Pond, Mo.

18. (a) Signature of funeral director Abraham Bunt

(b) Address Baltimore, Mo.

19. (a) MAY 9 1941 (b) A. K. Meyer M.D.
(Date received) (Registrar's signature)

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?

(Specify type of place) While at work?..... (e) Means of injury.....

23. Signature Henry Scott (M. D. or other) MD

Address Baltimore, Md Date signed 5/11/41

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

76
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96

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 *Theo. Schrader*

Licensed Embalmer No. *3066*

P. O. Address *Bellewin, Mo.*

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.