

No. 2
1-4-41
1-17-39
X26390

JAN 24 1942

State File No.

1003 9677

9677

Registration District No. 791

Primary Registration District No.

Registrar's No.

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:
0 Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months 20 days
17 years (Specify whether
In this community.....
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. 8855 Juniata Street
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5
year 1941 hour 3 minute 30 PM

21. I hereby certify that I attended the deceased from
Nov 10 1940 to Dec 5 1941
that I last saw her alive on 12/5/41
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of cervix
& metastases Duration 1 yr

Due to.....
Due to.....

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 J. J. Profstern (M. D. or other) M.D.
Address 4500 Olive Date signed 12/6/41

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME BERTHA WILSON

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, widowed

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

7. Birth date of deceased January 22, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 11 13 hr. min.

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

10. Usual occupation housewife

11. Industry or business at home

12. Name George McAdams

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

14. Maiden name Martha Wallace

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

16. (a) Informant Melvin W. Wadley

(b) Address 8855 Juniata Street

17. (a) burial (b) Date thereof 12-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Williamsville, Missouri

18. (a) Signature of funeral director Adv. W. S. Laughlin

(b) Address 2301 Lafayette Ave

19. (a) DEC 7 1941 (b) J. J. Profstern
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

1139

FEB 6 1942

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 Paul A. Keith

Licensed Embalmer No. 3612

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.