

FILED FEB 24 1942

Registration District No. 709

Primary Registration District No. 1003

Registrar's No.

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: CITY HOSPITAL No. 1
(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 21
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3429 OLIVE D
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NI

3. (a) PRINT FULL NAME MAMIE L ANDERSON

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 Widowed

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

7. Birth date of deceased. 1.01.1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 1
If less than one day hr. min.

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

10. Usual occupation NURSE

11. Industry or business None

12. Name HENRY CLAY JENNINGS

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

14. Maiden name MARY SMITH
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. W. S. Williams

(b) Address 2802 6-17th St Tulsa Okla

17. (a) Removal (b) Date thereof 1/5/42
(Burial; cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STANFORD Kentucky

18. (a) Signature of funeral director Alexander Smith

(b) Address 6175 Delmar

19. (a) JAN 5 1942 (b) J. T. Brudick
(Date Received Local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 4
year 1942 hour 10 minute 10 P.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: Chronic Interstitial Nephritis
Arteria Sclerosia old Fracture right Femur
suffered when she fell to floor at her home on Nov. 29, 1941
Exact time unknown

Due to.....

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

Major findings:
Of operations Jan 18 1942

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 11/23/41

(c) Where did injury occur? St Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
21 Home

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

23. Signature W. H. Perry (M. D. or other)

Address Capitol Building Date signed 1/5/42

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

2000 2000 2000

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..... *Jos. J. McCallahan*

Licensed Embalmer No. *2460*

P. O. Address *6770 Delmar*

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.