

FILED APR 13 1942 91

Registration District No.

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 St Lukes 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution since March 26
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lincoln
(c) City or town Estlin 057
(If outside city or town limits, write "RURAL") NR!
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28 day March
year 1942 hour 12 minute 05 P.M.

21. I hereby certify that I attended the deceased from 08 to March 28 1942
that I last saw him alive on March 28 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary of Brent Duration 4 yrs.

Due to _____
Due to _____

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

Major findings: Robine Rimmel
Of operations of Brent 1940.
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)
(e) Means of injury _____

23. Signature J. H. Besdock (M. D. or other) MD
Address 3720 W. 4th St Date signed 3-28-42

3. (a) PRINT FULL NAME Lora Mayes Foley
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
7. Birth date of deceased: May 12 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 16 If less than one day hr. _____ min. _____

9. Birthplace New Hope Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____
12. Name Charles A. Mayes
13. Birthplace Lincoln Mo 0
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Sanders
15. Birthplace New Hope Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant J. H. Besdock
(b) Address Estlin Mo
17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (c) Place: burial or cremation Mo

18. (a) Signature of funeral director W. B. Tolley
(b) Address Estlin Mo
19. (a) MAR 30 1942 (b) J. H. Besdock
(Date received local registrar) (Registrar's signature)

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

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17
9

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.....

W. H. Bradley

Licensed Embalmer No.....

3966

P. O. Address.....

Elkberry, 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.