

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5030 Kennington
(If not in hospital or institution, write street number & 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 St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5030 Kennington
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month March day 24
year 1942 hour 3 minute _____ M.
21. I hereby certify that I attended the deceased from March 17
1942 March 24 1942
that I last saw her alive on March 24 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration _____

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

Major findings:
Of operations _____
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 no
(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) _____ (a) Means of injury _____
23. Signature Paul Bernstorff (M. D. or other) _____
Address 3919 W. Ploussant Date signed 3/26/42

3. (a) PRINT FULL NAME SARAH JANE WOLFE

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased July 4 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Housewife

12. Name John Reed

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

14. Maiden name Elizabeth Reed

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

16. (a) Informant Blanche Wolfe

(b) Address 5030 Kennington

17. (a) Burial (b) Date thereof 03/24/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director E. Carl White
(b) Address 4259 Lindell

19. (a) WAR 27 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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

40
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.....

Arnold W. Schene

Licensed Embalmer No. *3864*

P. O. Address *St Louis*

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.