

FILED JUN 2 1942 791

Registrar's No. 4569

Registration District No. Primary Registration District No. 100

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

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: Jewish Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

In this community..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6820a Clayton Av.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Margaret Albright

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 2 W

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

7. Birth date of deceased: July 18 1865
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1942 hour 2:20 p.m. minute..... M.

21. I hereby certify that I attended the deceased from May 12 1942 to May 24 1942
that I last saw her alive on May 24 1942
and that death occurred on the date and hour stated above.

8. AGE: Year 76 Months 10 Day 6 If less than one day hr..... min.....

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

10. Usual occupation At home.

Immediate cause of death Bacterial pneumonia
Duration.....

Due to Cerebral hemorrhage
arteriosclerosis

Due to.....

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

MOTHER FATHER { 12. Name John Woodcock

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

14. Maiden name Not Known

15. Birthplace St. Louis County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Edmund Albright (Grandson)

(b) Address 6820a Clayton Av.

17. (a) Burial (b) Date thereof May 27, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director M. J. Conroy

(b) Address 7146 Manchester Av.

19. (a) MAY 26 1942 (b) J. F. Bedeck
(Date received local registrar) (Registrar's signature)

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)

(r) Means of injury.....

23. Signature Saupeh... (M. D. or other).....

Address Mo. Picataway Bldg Date signed 5-26-42

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.....

Esj W Wilkinson

Licensed Embalmer No.....

3575

P. O. Address.....

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.