

FILED NOV 6 1942  
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Registration District No. ....

Primary Registration District No. ....

Registrar's No. 8956

1. PLACE OF DEATH:

(a) County.....  
(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: BAHNSKE HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 3 days (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. 1911 Belle Glade  
(If rural, give locality)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME. Wiggie Booker

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

4. Sex F 3. Color or race. C 5. (a) Single, widowed, married, divorced. 1

6. (b) Name of husband or wife. Edward 6. (c) Age of husband or wife alive 62 years

7. Birth date of deceased. 10 (Month) 15 (Day) 1881 (Year)

8. AGE: Years 61 Months 0 Days 12 hr. .... min.

9. Birthplace..... Tenn (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business.....

12. Name. Peter Sanderson

13. Birthplace. Tenn (State or foreign country)

14. Maiden name. Lilla Helmer

15. Birthplace. Tenn (State or foreign country)

16. (a) Informant. Edward Booker

(b) Address. 1911, Belle Glade

17. (a) Buried (b) Date thereof. 10-29-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation. Washington Park

18. (a) Signature of funeral director. H. J. Smith  
(b) Address. 4247 N. Labadie Ave  
19. (a) OCT 20 1942 (b) J. F. Bredsch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27<sup>th</sup>  
year 1942 hour 7<sup>00</sup> minute a.m.

21. I hereby certify that I attended the deceased from October 24, 1942, to October 27, 1942  
that I last saw her alive on October 27, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma of ovary with metastases to left pleura & peritoneum. Duration

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

Other conditions. Diabetes mellitus  
(Include pregnancy within 3 months of death)  
Intestinal obstruction

Major findings:  
Of operations. None

Of autopsy. as above

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. Allen Reeler, MD (M. D. or other)  
Address. ..... Date signed. 10/27/42

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

MOTHER FATHER

APR 5 1945

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.....

*William C McDowell*, Registered Apprentice No.....  
working under my personal supervision.

Signed *William C McDowell*

Licensed Embalmer No. *2119*

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.**