

FILED DEC 11 1942
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10126

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: Christian Hospital
(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: 96

(a) State Missouri (b) County St. Louis

(c) City or town Pasadena Hills
(If outside city or town limits, write "RURAL")

(d) Street No. 4420 Overbrook Dr.
(If rural, give location)

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

3. (a) PRINT FULL NAME Emma Cline

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 3 day _____ year 1942 hour 10:15 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 13 1942 to Dec 3 1942
that I last saw her alive on Dec 3 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W.

6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife Charles L. Cline

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

7. Birth date of deceased: Jan. 17th. 1874
(Month) (Day) (Year)

Immediate cause of death: Pneumonia (Bilateral) Duration 5 days

8. AGE: Years Months Days If less than one day

68 10 16 _____ hr. _____ min.

Due to _____

Due to _____

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housework

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {

11. Industry or business _____

12. Name John Martin Giblein

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

14. Maiden name Martha Wells

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

16. (a) Informant Mrs. Lester Lue King

(b) Address 4420 Overbrook Dr.

17. (a) Burial (b) Date thereof 12-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) DEC 4 1942 (b) J. E. Bredich
(Date received local registrar) (Registrar's signature)

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 P. J. Mullins (M. D. or other) _____
Address 3825 N. 20th Date signed 12/4/42

W. J. Mallon
3825 N. 20th St
9-10

SEP 10 1916

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address. 3710 N. Grand Bl

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.