

FILED NOV 16 1942
Registration District No. 818

Primary Registration District No. 1003

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: ST. ANTHONY HOSP. O
(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:

(a) State MO (b) County 030

(c) City or town ST LOUIS. 17
(If outside city or town limits, write "RURAL") 19

(d) Street No. 7625 VERMONT.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EDNA MILLER.

(b) If veteran, name war NO

(c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 7
year 1942 hour 1 minute 55 P.M.

21. I hereby certify that I attended the deceased from SEPT 16, 42
AME 7 1942 to NOV 7, 1942
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife HARRY 6. (c) Age of husband or wife if alive 48 years (Day) (Year)

7. Birth date of deceased NOV 29 - 1891
(Month) (Day) (Year)

Immediate cause of death Carcinoma of colon 6 mos.

Due to _____

Due to Hile

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

8. AGE: Years 50 Months 11 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace ST LOUIS MO O
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

Major findings: Carcinoma Spleen
Of operations flexure colon

Of autopsy _____

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

MOTHER FATHER

11. Industry or business _____

12. Name HERMAN KUSKY

13. Birthplace ST LOUIS MO O
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA KEARNS

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

16. (a) Informant Stony Miller

(b) Address 7625 Vermont Ave

17. (a) BURIAL (b) Date thereof NOV. 10 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUNSET BURIAL PARK

18. (a) Signature of funeral director J. P. Fisher Jr.

(b) Address 7128 Michigan St.

19. (a) NOV 9 1942 (b) J. F. Bruders
(Date received by 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 J. F. Bruders (M. D. or public health officer)
Date signed 7-7-42

Dr. Heffner
10 AM

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..... *Harry J. Schumacher*.....
Licensed Embalmer No. *2079*.....
P. O. Address..... *732 Lemay*.....

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.