

FILED DEC 10 1942

State File No.

Registration District No. 704

Primary Registration District No. 200

Registrar's No. 2300

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Carsonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8642-Natural Bridge
(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

3. (a) PRINT FULL NAME KATIE M. GIDDINGS

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Gra. B. Giddings 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sep. 8 1882
(Month) (Day) (Year)

8. AGE: Years 60 Months 1 Days 26 If less than one day hr. _____ min. _____

9. Birthplace Namioka Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Household

11. Industry or business _____

12. Name Joseph Hatfield

13. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

14. Maiden name Emma Sears

15. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Kathryn V. Consey

(b) Address 8642-Natural Bridge

17. (a) Burial (b) Date thereof 11-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Worship Park

18. (a) Signature of funeral director William B. Presnell
(b) Address 2504 Woodson Rd. Overland, Mo.

19. (a) NOV 4 - 1942 (b) E. S. McFarlan M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Carsonville
(If outside city or town limits, write "RURAL")
(d) Street No. 8642-Natural Bridge
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3
year 1942 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 3 1942 to Nov 3 1942
that I last saw he alive on Nov 2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 4 days

Due to Hypertension

Due to Myocarditis

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

Major findings: 9321
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 _____
(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 C. E. Sterling M.D. P. (M. D. or other) M.P.
Address 2050 No. 9 Blvd Date signed 11-4-42

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

96
0
0

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Owland Mo.

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.