

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 665

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 4221 Vista Ave
(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 May A. Stearns

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race white

6. (a) Name of husband or wife Lewis H. Stearns

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Feb. 12th 1880
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 9
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Eduard Stearns

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

14. Maiden name Alma Jones

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

16. (a) Informant Lewis H. Stearns

(b) Address 4221 Vista Ave

17. (a) Burial (b) Date thereof 1-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higano Cemetery

18. (a) Signature of funeral director Wiegand Stearns

(b) Address 4238 So. Wiegand Highway

19. (a) Jan 22 1943 (b) J. P. Prudek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State St. Louis (b) County 17

(c) City or town 4221 Vista Ave
(If outside city or town limits, write "RURAL")

(d) Street No. St. Louis
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1943 hour 1245 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 1 1943 to Jan 21 1943
that I last saw her alive on Jan 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral occlusion
Duration _____

Due to Hypertension Cardio Vase As + Cerebral occlusion 1 yr +

Due to _____

Other conditions Gas bladder Pathology
(Include pregnancy within 3 months of death) No stones

Major findings: 95%

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature E. P. Reinhardt (M. D. or other) _____
Address 827 Meloparis St Date signed 1/21/43

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

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 *Edwin S. McDerma*

Licensed Embalmer No. *3024*

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.