

FILED

MAR 20 1943

318

Primary Registration District No. 1003

State File No. ....

Registrar's No. 2296

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

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:  
Isolation Hospital.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3/5/43 to 3/19/43  
(Specify whether  
 In this community 1 yr. 5 months  
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. 2204 N. 9th St.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

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3. (a) PRINT FULL NAME Dolores Alberta  
 (b) If veteran, name war No  
 (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month March day 9th  
 year 1943 hour 1:10 minute A M.

4. Sex Female / 5. Color or race White  
 6. (a) Single, widowed, married, divorced Nil  
 6. (b) Name of husband or wife.....  
 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased October 17 1941  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 5th 1943 to March 9th 1943  
 that I last saw her alive on March 9th 1943  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
1 4 22 hr. min.

Immediate cause of death.....  
Tuberculous Meningitis  
Lungs not affected  
 Due to.....  
 Due to.....

Duration  
4 days

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

Other conditions.....  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations.....  
 Of autopsy.....

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

10. Usual occupation Nil  
 11. Industry or business Nil  
 12. Name Melton Alberts  
 13. Birthplace Redford Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Hazel Bryson  
 15. Birthplace Bunker Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Stella Grady  
 (b) Address 5600 Arsenal St.  
 17. (a) Burial (b) Date thereof 3/10/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Redford Missouri  
 18. (a) Signature of funeral director [Signature]  
 (b) Address 3934 N. 20th St.  
 19. (a) MAR 9 1943 (b) J. F. Bredeck  
(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.....  
 Signature David Gooding (M. D. or other).....  
 Address M. Kans. Isolation Hosp Date signed 3-9-43

**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.....

*Alfred J. Brodeur*

Licensed Embalmer No. *2663*

P. O. Address. *5934 Alpha*

**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.**