

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....

(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. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 4 days
(Specify whether years, months or days)

In this community..... 6 months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME..... EVA SELF

3. (b) If veteran, name war..... no

3. (c) Social Security No..... No.

4. Sex..... Female

5. Color or race..... White

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

6. (b) Name of husband or wife..... Gay Self

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

7. Birth date of deceased..... 4 16 1871
(Month) (Day) (Year)

8. AGE: Years..... 72 Months..... 0 Days..... 4
If less than one day..... hr. min.

9. Birthplace..... Salem, Mo. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation..... At Home

11. Industry or business.....

MOTHER FATHER { 12. Name..... James De War

13. Birthplace..... Unknown 7
(City, town, or county) (State or foreign country)

14. Maiden name..... Sarah Verhine

15. Birthplace..... Dent County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant..... Walton Self

(b) Address..... 2209 South Wise

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 4-22-1943
(Month) (Day) (Year)

(c) Place: burial or cremation..... Laurel Hill Cemetery

18. (a) Signature of funeral director..... Alexander Sons

(b) Address..... 6175 Delmar Blvd

19. (a) APP 22 5049 (Date received local registrar) (b) J. F. Bedeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town..... Overland 13
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No..... 2209 South Wise Avenue
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... April day..... 20
year..... 1943 hour..... 8 minute..... A. M.

21. I hereby certify that I attended the deceased from..... 4-16 1943 to..... 4-20 1943
that I last saw her..... alive on..... 4-20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death..... Parison of P. Puskus of Utah 4 yrs.
same

Due to.....

Due to.....

Other conditions..... HO
(Include pregnancy within 3 months of death)

Major findings:
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..... Means of injury..... 5

23. Signature..... Herman J. Klocner (M. D. or other) M.D.
Address..... 9621 S. Hubbard Rd Date signed..... 4-22-43

Dr. H. J. Kloecker

2426 Marion - Winfield 1855

Be at his home between 9 + 9:30 A.M.

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

Geo. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address. 6176 Delmar

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.

St. Louis Mo