

REG. MAY 6 1943

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 1039

96
308

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

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town RICHMOND HEIGHTS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. MARY'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 (Specify whether years, months or days)

In this community 15 YRS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS

(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")

(d) Street No. 40-SYLVESTER
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME EDWARD CARTWRIGHT CONSTANCE

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1943 hour _____ minute _____ M.

4. Sex MALE

5. Color or face WHITE

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

6. (b) Name of husband or wife GLADY S.M. CONSTANCE

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased DECEMBER-27-1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 4 4:30 to April 29 1943 that I last saw him live on April 29 1943 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>4</u>	<u>2</u>	<u>—</u> hr. <u>—</u> min.

Immediate cause of death Aplastic Anemia 19Mo.

Due to Not known

Due to _____

9. Birthplace MONTGOMERY Co MISSOURI
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 7300

10. Usual occupation CIVIL ENGINEER

11. Industry or business _____

12. Name WILLIAM CONSTANCE

13. Birthplace MONMOUTH ENGLAND
(City, town, or county) (State or foreign country)

14. Maiden name JOSEPHINE FLORENCE

15. Birthplace HIGHLAND CO OHIO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs E.C. Constance

(b) Address 40 SYLVESTER AVE WEBSTER GROVES

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 2-1943
(Month) (Day) (Year)

(c) Place: burial or cremation MOUNT PLEASANT HIGHWAY

18. (a) Signature of funeral director Parthen Land Co Mo

(b) Address WEBSTER GROVES MO

19. (a) MAY 1-1943 (Date received local registrar) (b) C. McLean MD (Registrar's signature)

Major findings: Of operations Complete autopsy findings not yet reported

Of autopsy Maybe filed in supplemental report

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 H.A. Aschwald MD (M.D. or other) Address 192 S. Webster Date signed 5/1/43

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAY 18 1963

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 L. C. Aldrich

Licensed Embalmer No. 1332

P. O. Address Oxley Grove Md

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.