

FILED OCT 22 1943
318

State File No. _____
Registrar's No. 8979

Registration District No. _____ Primary Registration District No. 1003

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:
De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
In this community 20 YEARS (Specify whether 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. 3831 Flad Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN FRANKLIN NEEDHAM
(b) If veteran, name war NO (c) Social Security No. NO
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mattie 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Dec. 17th 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 9 22 hr. min.

9. Birthplace Bollinger County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

12. Name Bailey Needham

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

14. Maiden name Cerena Rowe

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

16. (a) Informant Foster Needham
(b) Address 9425 Muriel

17. (a) Burial (b) Date thereof Oct. 12th 43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2201 Lafayette Ave.

19. (a) OCT 11 1943 (b) J. F. Bussack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9th
year 1943 hour 8 minute 30 a. M.
21. I hereby certify that I attended the deceased from Oct 7 43
1943 to Oct 9 43
that I last saw him alive on Oct 8 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Myopostatic pneumonia Duration 3 days
fracture hip 12 days
fracture femur 12 days

Other conditions: 180
(Include pregnancy within 3 months of death)

Major findings: 18
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) fell down steps
(b) Date of occurrence Sept 27 1943
(c) Where did injury occur? Police St Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Police

23. Signature Oliver Allen (Specify type of place) Police
Address 4452 Maryland Date signed 10-11-43

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

MOTHER FATHER

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. R. Casper*

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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.