

FILED DEC 22 1943 18

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 10856

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution:
BARNES HOSPITAL
(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)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 9977 S. Broadway
(If rural, give location) K.R.

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

If yes, name country _____

3. (a) PRINT FULL NAME Jean Ellen Searles

3. (b) If veteran name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8
year 43 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from 12-7, 1943 to 12-8, 1943
that I last saw her alive on 12-8, 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased July 28 1903
(Month) (Day) (Year)

Immediate cause of death _____
Pneumonia, brought

Due to Asthma

Due to _____

Other conditions Mitral stenosis
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

40	4	10	_____ hr. _____ min.
----	---	----	----------------------

Major findings: _____

Of operations _____

Of autopsy as above

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Petaloma California
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown Towner

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

14. Maiden name Unknown

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

16. (a) Informant James Searles

(b) Address 9977 S. Broadway Ave.

17. (a) Cremation (b) Date thereof 12-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vlahalla Crematory

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) DEC 9 1943 (b) J. J. Bulech
(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? _____

(Specify type of place) _____

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

23. Signature M. E. Abney (M. D. or other) _____

Address BARNES HOSPITAL Date signed 12/7/43

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

Albert W. Harper

Licensed Embalmer No. *1861*

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.