

FILED DEC 29 1948
Registration District No. _____

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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:
Deaconess 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

3. (a) PRINT FULL NAME Lillian R. Doan

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 Widowed
6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 13th, 1874
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Philip Swille

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

14. Maiden name Mary Farrell (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Frances Moore

(b) Address 5834 Ferris Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/44 (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Burial Park

18. (a) Signature of funeral director Kraeger-Voss-Fix

(b) Address 3402 N. Kingshighway

19. (a) DEC 21 1944 (Date received local registrar) J. F. Bredack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5834 Ferris Ave. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 21, 1944
year _____ hour 3:35 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 8, 1943
_____ 1944 to Dec. 21 _____ 1944

that I last saw her alive on December 20, _____ 1944
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure Duration _____

Due to Hypertensive sclerotic heart disease 2 yrs.

Due to Chronic Nephritis 1940

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

Major findings: Of operations NO

Of autopsy NO

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 Best O. Curran (M. D. or other) _____
Address 634 N. Grand Ave Date signed 12/21

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 W. W. Wilkinson
Licensed Embalmer No. 3570

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.