

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED MAY 29 1946
Registration District No. **318**

Primary Registration District No. **1003**

4383

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **DePaul Hospital 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1-day**
In this community **20 yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **124**
(d) Street No. **1236 N. Kingshighway Blvd.** (If rural, give location) **9**
(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country.....

3. (a) PRINT FULL NAME **Mary Alderman**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **F.** / race **W.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **D. 3**

6. (b) Name of husband or wife **George Alderman** 6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **June 29th., 1890**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	55	10	15	hr. min.

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

10. Usual occupation **At Home**

11. Industry or business **Thomas Allen**

12. Name **Thomas Allen**

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

14. Maiden name **Rosa Rodapp**

15. Birthplace **Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Wilma Vancil**

(b) Address **1238 N. Kingshighway Blvd.**

17. (a) **Burial** (b) Date thereof **5-17-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Arthur J. Louvelly**
(b) Address **3840 Linden Blvd.**

19. (a) **MAY 15 1946** (Date recorded local registrar)
J. F. Braddock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **14th.**
year **1946** hour **5** minute **34** p. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
2-13ms degree burn of 80% of body when she stepped off the porch to start a fire in the stove at her home 1236 N. Kingshighway on 5/14/46

Other conditions..... (Includes pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident (OTD)**
(b) Date of occurrence **May 14 1946**
(c) Where did injury occur? **St. Louis Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**
While at work? (Specify type of place)
(e) Means of injury **St. alb**
23. Signature **Arthur J. Louvelly** (M. D. or other)
Address **3840 Linden Blvd.** Date signed **5/15/46**

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

17014

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 H Vanmatre

Licensed Embalmer No. 2825

P. O. Address 4340 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.