

FILED JUN 24 1946
 Registration District No. 31

Primary Registration District No. 3066

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

1. PLACE OF DEATH:
 (a) County St Louis
 (b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Old Folks Home 5
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St Louis 91
 (c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
 (d) Street No. 711 S. Kirkwood Rd.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Leona R. Tuttle
 3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex F / 5. Color or race W
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 23 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	2	22	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER {
 12. Name C. A. Carpenter
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Old Folks Home-records

(b) Address 711 S. Kirkwood Rd, Kirkwood, Mo

17. (a) Burial (b) Date thereof 6-18-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address Kirkwood, Mo.

19. (a) 6-19-46 (b) E. S. Mc Harrington
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June 15 day _____
 year 1946 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from March 26, 1945, to June 15, 1946
 that I last saw her alive on June 12, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to _____

Due to Atherosclerosis

Other conditions ???

(Include pregnancy within 3 months of death)

Major findings:
 Of operations 932
 Of autopsy _____

Duration
3 yrs

10 yrs

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) _____

(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 _____

Signature J. E. Jones (M. D. certificate)
 Address 4500' Olive St Date signed June 27/46

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..... *Felix Almand*

Licensed Embalmer No. *3034*

P. O. Address *Kirkwood Mo*

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.