

FILED JUL 1 1946 STANDARD CERTIFICATE OF DEATH

W.S. Warren 21376

State File No. _____

Registrar's No. 1356

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Creve Coeur Lake
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Second & Marine Ave
(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 Missouri (b) County St. Louis 9/6
 (c) City or town Creve Coeur Lake
(If outside city or town limits, write "RURAL")
 (d) Street No. Second & Marine Ave.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Philomene Canell

20. DATE OF DEATH: Month June day 23
year 1946 hour 4 minute 00 P. M.

3. (b) If veteran, name war None 3. (c) Social Security No. None

21. I hereby certify that I attended the deceased from June 3, 1946, to June 24, 1946; that I last saw her alive on June 23, 1946 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W Y

Immediate cause of death:
Acute Cardiac Failure - 1 day -

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

Due to Arterio Sclerosis - yes -

7. Birth date of deceased: April 1856
(Month) (Day) (Year)

Due to age - 97

8. AGE: Years 90 Months 2 Days 3 If less than one day _____ hr. _____ min.

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

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

Major findings: Of operations None

10. Usual occupation: Retired Housewife

Of autopsy None
Underline the cause to which death should be charged statistically.

11. Industry or business _____

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

12. Name: Louis Primeau

(a) Accident, suicide, or homicide (specify) no

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

(b) Date of occurrence _____

14. Maiden name: Margaret Beded

(c) Where did injury occur? _____
(City or town) (County) (State)

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant: Julia Gainer
(b) Address: Creve Coeur, Mo. R#2

While at work? _____ (Specify type of place)
(e) Means of injury fall

17. (a) Burial (b) Date thereof: 6-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

Signature: Ray G. Walther (M. D. or _____)
Address: 24381 N. Lincoln Rd. Date signed: 6-24-46

18. (a) Signature of funeral director: Wallmeyer & Sons
(b) Address: St. Charles, Mo.

19. (a) 6-25-46 (b) E. S. McHarran MD
(Date received local registrar) (Registrar's signature)

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

20240

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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.....

Joseph I Landolt

Licensed Embalmer No.....

4189

P. O. Address.....

St Louis

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.