

No. 2  
DM-543  
v. 5-17-39  
I X36671

**FILED** OCT 7 1946  
318

1003

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
4004 Arsnel st.  
(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 \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4004 Arsnel st.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary A. Truesdale

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

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 28 1866  
(Month) (Day) (Year)

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

80 6 29 hr. min.

9. Birthplace Scotland 4  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

12. Name Patrick Masset

13. Birthplace Scotland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Anne Earely

15. Birthplace Scotland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Truesdale

(b) Address 4004 Arsnel St.

17. (a) Burial (Burial, cremation, or removal) Burial (b) Date thereof \_\_\_\_\_  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wm Schumacher

(b) Address 3013 Meramec st.

19. (a) SEP 22 1946 (Date received local registrar) J. F. Bredes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27 year 1946 hour 1 minute 45 A. M.

21. The physician that attended the deceased from april 8 1946 to 9/26 1946 that I last saw him alive on 9/17 and that death occurred on the date and hour stated above.

Immediate cause of death congested  
ulcer

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) coronary vessel disease

Major findings: as stated

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

Signature Dr. H. K. Baker (M. D. or other) 9/27/46

Address 3102 S. Franklin Date signed \_\_\_\_\_

Duration 47 1/2

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

31110

Dr Scherer  
3102 S Grand

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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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis 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.**