

No. 2  
2-45  
7-39  
X47078

Registration District No. **318**

Primary Registration District No.

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:  
Missouri Pacific 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 weeks  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME John - Sept.

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

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

6. (b) Name of husband or wife Mrs. John Sept. 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased April 25, 1868  
(Month) (Day) (Year)

8. AGE: Years: 78 Months: 6 Days: 23 If less than one day hr. min.

9. Birthplace Portland Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation retired railroad worker

11. Industry or business

MOTHER FATHER

12. Name not known

13. Birthplace not known not known  
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Sept

(b) Address 5515 Gresham

17. (a) burial (b) Date thereof 11/20/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Mathews Cemetery

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) NOV 19 1946 (Date received local registrar)  
J. F. Bredean (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5515 Gresham  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) No  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18  
year 1946 hour 10 minute 50 A.M.

21. I hereby certify that I attended the deceased from Oct 19, 46 - 3:10 PM, 1946 to 10:50 AM Nov 18, 1946  
that I last saw him alive on 10:50 AM Nov 18, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death - Cachexia due to Cancer Throat & generalized Carcinomatosis 2 yr  
Generalized Arterio-sclerotic Cardio-vascular disease 8 yr

Other conditions (Include pregnancy within 3 months of death)

Major findings: Cyt Throat Genrd Carcinomatosis  
Of autopsy None

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?

23. Signature James F. Johnson (M. D. or other)  
Address Pro-Val Hosp Date signed 11/18/46

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

*Emb separate cert to be filed*

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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.....

Licensed Embalmer No.....

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.**