

S. No. 2
M-5-43
7. 5-17-39
I, X38671

FILED NOV 25 1946

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9744**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5757 Roosevelt Pl
(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. 5757 Roosevelt Pl
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) _____

If yes, name country _____

3. (a) PRINT FULL NAME John George Storey Jr

3. (b) If veteran, name war _____

3. (c) Social Security No. 708-16-9020

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elsie Storey

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased January 17 1904
(Month) (Day) (Year)

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

42 9 26 hr. min.

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

10. Usual occupation Spooler

11. Industry or business Broderick Bascom Rope Co

12. Name John Gregory Storey Sr

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

14. Maiden name Anna Ronan

15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Elsie Storey

(b) Address 5757 Roosevelt Pl

17. (a) Burial (b) Date thereof Nov 16 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Calvin F Feutz

(b) Address 4828 Nat bridge Blvd

19. (a) NOV 15 1946 J. F. Broderick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14
year 1946 hour 4 minute 45 A.M.

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

Immediate cause of death _____
Coronary Occlusion
9/1/46

Due to _____

Due to _____

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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? _____

23. Signature Alfred Perry (M. D. or other) _____
Address _____ Date signed 11/15/46

271044

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..... *John A. Merriam*

Licensed Embalmer No. *4186*

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.