

No. 2
-12-45
5-17-39
I X47070

3231

State File No. _____
Registrar's No. 14

FILED JAN 6 1948

Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4471 Pershing Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 1
year 47 hour 10:55 minute P M.
21. I hereby certify that I attended the deceased from 12/6/46
19____ to 1/1/47 19____
that I last saw her alive on 1/1/47 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cardiac Failure
Due to Arteriosclerotic cardio-vascular disease

Due to _____
Other conditions Psychosis with cerebral arteriosclerosis - Parkinsonian syndrome
Major findings: _____
Of operations _____
Of autopsy 9/2

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Hattie A. Verdin
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 S.O.
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 29th., 1860
(Month) (Day) (Year)

8. AGE: 85 Years 11 Months 28 Days 28
If less than one day _____ hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____

12. Name James Verdin

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

14. Maiden name Margaret Flood

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

16. (a) Informant Margaret Swift

(b) Address 4471 Pershing Ave.

17. (a) Burial (b) Date thereof 1-4-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) JAN 3 - 1947 (b) J. F. Bredon
(Date received local registrar) (Registrar's signature)

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 17
19. (a) Signature Arthur J. Donnelly (M. D. or P. D.) 1/1/47
Address City Hospital Date signed _____

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

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 W.K. VanMatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.