

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

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

State File No. _____

FILED FEB 24 1947

Register's District No. _____

Primary Registration District No. 1003

Registrar's No. 1628

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
(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 _____
(Specify whether
In this community one week
years, months or days)

3. (a) PRINT FULL NAME GERTRUDE COLTER

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Jan. 28, 1874.
(Month) (Day) (Year)

8: AGE: Years 73 Months 0 Day 17
If less than one day _____ hr. _____ min.

9. Birthplace Henderson County, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business Home

12. Name Thomas Pritchett

13. Birthplace Henderson County, Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Depta

15. Birthplace Henderson County, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. Walter Gorman

(b) Address 1977 Adelaide Ave.

17. (a) Burial (b) Date thereof Dec. 15, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthew's Church

18. (a) Signature of funeral director Chas. A. Suel
(b) Address 4457 Washington St.

19. (a) FEB 17 1947 (b) J. F. Bredeck
(Date received local registrar) (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. 1975 Eyer Ave.
Memorial (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15th
year 1947 hour 11:00 minute A M.

21. I hereby certify that I attended the deceased from 2/15/47
2, 1947, to 2/15/47, 1947;
that I last saw her alive on 2/15/47, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular
accidents - multiple thromboses
Duration 1 yr.

Due to _____

Due to _____

Other conditions 83
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

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? _____

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

23. Signature George O. Smith (or other) _____
Address 1515 Lafayette Date signed 2/17/47

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 Ketter

Licensed Embalmer No.

3880

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.