

No. 2  
2-45  
17-39  
X47070

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

FILED FEB 24 1947 318

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town **St. Louis**

(c) Name of hospital or institution:  
**City Hospital # 1**

(d) Length of stay: In hospital or institution **3 Weeks**

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_

(c) City or town **St. Louis**

(d) Street No. **n 4716 Northland Ave**

(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Katie E. Skinner**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February**, day **9**, year **1947**, hour **11**, minute **35** P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife **Late Clarence Skinner**

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

7. Birth date of deceased **August 22 1861**

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above

Immediate cause of death **Bronchio Pneumonia**

Structure of the left femur **suffered when deceased fell out of bed at Madelon Blum Hospital on Jan. 22 1947**

8. AGE: Years **85**, Months **5**, Days **17**

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

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

9. Birthplace **Chicago Ill**

Other conditions \_\_\_\_\_

10. Usual occupation **Housework**

Major findings: Of operations \_\_\_\_\_

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

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

12. Name **Charles Broadway**

13. Birthplace **Unknown**

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

14. Maiden name **Lucy Wright**

15. Birthplace **Unknown**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accidental road**

16. (a) Informant **Kittie Smith**

(b) Address **4716 Northland Ave**

(b) Date of occurrence **Jan 22 1947**

17. (a) **Burial** (b) Date thereof **Feb 12 1947**

(c) Place: burial or cremation **Oak Grove Cemetery**

(c) Where did injury occur? **St. Louis**

(d) Did injury occur **at** about home, on farm, in industrial place, in public place? **Madelon Blum Hosp**

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

(b) Address **4828 Nat. bridge Blvd**

While at work? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

(e) Means of injury **to stair**

19. (a) **FEB 11 1947** (b) **J. J. Bredeek**

23. Signature **Calvin F Feutz** (M. D. or other) \_\_\_\_\_

Date signed **2/11/47**

*Handwritten scribble*

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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 Ralph C. Lindus

Licensed Embalmer No. 4275

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.**