

No. 2
M-5-43
7. 5-17-39
I X3867

State File No. _____
Registrar's No. **2598**

FILED MAR 24 1947
318

Registration District No. _____ Primary Registration District No. **1003**

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

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. Lukes Hospital.. 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 weeks.**
(Specify whether

In this community _____
 years, months or days)

3. (a) PRINT FULL NAME ODA C. FADNER.

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

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

6. (b) Name of husband or wife **Federic Fadner.** 6. (c) Age of husband or wife if alive **63.** years

7. Birth date of deceased **November 12, 1982.**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64.	4.	0.	hr. _____ min.

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

10. Usual occupation **Housewife..**

11. Industry or business **Retired School Teacher.**

MOTHER

12. Name **Theodore Smith; 9**

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

14. Maiden name **Emma Florence Jones.**

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

16. (a) Informant **Frederic Fadner.**
 (b) Address **3207 College, Alton, Ill.,**

17. (a) **Removal..** (b) Date thereof **3/12/47.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Joseph, Missouri.**

18. (a) Signature of funeral director **C. R. Lupton & Sons.**
 (b) Address **#7233 Delmar Bly'd.**

19. (a) **MAR 12 1947** (b) **J. F. Bradeak**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois,** (b) County **999**

(c) City or town **Alton,**
(If outside city or town limits, write "RURAL")

(d) Street No. **3207 College Ave.,**
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No) **2**

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **12th,**
 year **1947.** hour **7 am** minute **00** M.

21. I hereby certify that I attended the deceased from
September 1945 to **March 11** 1947;
 that I last saw her alive on **March 11** 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death **congestive heart failure** **1 1/2 yrs**

Due to **Rheumatic heart disease**

Due to **with mitral stenosis**

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

Major findings: Of operations _____

Of autopsy **none**

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) (e) Means of injury _____

23. Signature **J. F. Bradeak** (M. D. or other) **MD**
 Address **3725 Wash St. Alton** Date signed **3/11/47**

Dr Julius Jensen,
3720 Washington Blvd.,
JE: 4515.
Hrs 10:00 A.M.

908

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..... *Clarence H. Murray*
Licensed Embalmer No. *4011*
P. O. Address *Illinois 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.