

S. No. 2
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5-17-39
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State File No. 26275
Registrar's No. 1604

FILED AUG 4 1947

Registration District No. 31947 Primary Registration District No. 3066

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
1036 Sylvan Pl.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
years, months or days) (Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL") 3

(d) Street No. 1036 Sylvan Pl. (If rural, give location) 0

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

If yes, name country.....

3. (a) PRINT FULL NAME ELLA A. SIGNAIGO

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Edward C.

6. (c) Age of husband or wife if alive 30 years (Day) (Year)

7. Birth date of deceased Jan. 30 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>5</u>	<u>26</u>	hr. _____ min. _____

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

10. Usual occupation Housework

11. Industry or business.....

12. Name William Powers 9

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

14. Maiden name Mary Ann Rogan

15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Edward C. Signaigo

(b) Address 1036 Sylvan Pl.

17. (a) Burial (b) Date thereof 7 29 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshausel Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) 7-29-47 (b) Paula J. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1947 hour 10 minute 00 A. M.

21. I hereby certify that I attended the deceased from July 26, 1947, to July 26, 1947
that I last saw her alive on July 26, 1947, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary atherosclerosis 1 hr.
Duration

Due to arteriosclerosis ?

Due to 94a

Other conditions.....
(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? 9

While at work?..... (Specify type of place)

(c) Means of injury.....

23. Signature Paul E. Gutteridge (M. D. or other) M. D.
Address Kirkwood Mo. Date signed 7-26-47

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..... *Richard W. Stovesand*

Licensed Embalmer No. *4007*

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.