

FILED SEP 18 1947  
National Office of Vital Statistics

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8560

1. PLACE OF DEATH:

(a) County: .....  
(b) City or town: St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 925 Fillmore  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: ..... (Specify whether

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

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.: 925 Fillmore  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)

If yes, name country: .....

3. (a) PRINT FULL NAME: Theresa Todd

3. (b) If veteran, name war: .....  
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: Charles  
6. (c) Age of husband or wife if alive: 63 years  
7. Birth date of deceased: January 7th, 1887  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>8</u>	<u>2</u>	.....hr. <u>0</u> min.

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

10. Usual occupation: housewife

11. Industry or business:

12. Name: Joe Ebel  
13. Birthplace: ..... (City, town, or county) (State or foreign country)  
14. Maiden name: Unknown  
15. Birthplace: ..... (City, town, or county) (State or foreign country)

16. (a) Informant: Charles Todd  
(b) Address: 925 Fillmore, St. Louis, Mo.

17. (a) burial (b) Date thereof: 9/12/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: New Pickers Cemetery

18. (a) Signature of funeral director: Wacker-Helbert & Co.  
(b) Address: 3634 Gravois, St. Louis, Mo.

19. (a) SEP 10 1947 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 9th  
year 1947 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....  
that I last saw him ..... alive on ..... 19.....  
and that death occurred on the date and hour stated above. Duration

Immediate cause of death: Coronary Embolism  
2. Fractured Right Foot  
Suffered by deceased fell from a ladder to the ground (distance two feet) while working on a porch at 4200th St. Route #2, Kansas Mo. approx Sept 5, 1947 at about 100 P.M.

Major findings: 180  
Of operations: .....  
Of autopsy: .....

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify): Accident road  
(b) Date of occurrence: Sept 5 1947  
(c) Where and injury occur: St. Louis  
(City or town) (County) (State)  
(d) Did injury occur in or about home, or farm, in industrial place, in public place?: Cherry Street  
(Specify type of place)  
While at work: ..... years of injury: as above

23. Signature: [Signature] (M. D. or other) 3  
Date signed: 9/10/47

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

MOTHER FATHER

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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 Frank J. O'Connell  
Licensed Embalmer No 2645  
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.