

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2305a Mallinckrodt
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 57 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Rose Fletcher

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife late Frank Fletcher 6. (c) Age of husband or wife if alive 1890 years

7. Birth date of deceased July 10th (Month) (Day) (Year)

8. AGE: Years 57 Months 3 Days 22 If less than one day 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 John Bradley

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Mildred Paush

(b) Address 2503 Mallinckrodt

17. (a) Burial (b) Date thereof 11-6-47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) NOV 4 1947 (b) J. F. Budeck (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. 2305a Mallinckrodt
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 2nd
Year 1947 hour 1:30 PM. minute _____ M.

21. I hereby certify that I attended the deceased from October 1947 to November 1 1947
that I last saw her alive on November 1 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure & circulatory failure
Due to Anemia & cachexia secondary to blood loss
Due to granular cell carcinoma of uterus & multiple metastases
Other conditions: None
(Include pregnancy within 3 months of death)

Duration

4 days

4 mo.

10 yrs.

PHYSICIAN

Major findings: Squamous cell carcinoma of uterus & multiple metastases
Of operations Not done
Of autopsy Not done

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 David Hafe Kerr (M. D. or other) MD
Address 4500 Olive Street Date signed 11-3-47

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

MOTHER FATHER

Mr. Pearson
Hunter Md.

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 Rex Campbell

Licensed Embalmer No. 3881

P. O. Address 2223 St. Louis

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.