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17-39

National Office of Vital Statistics

FILED MAR 15 1948

State File No.

2193

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4324 Oregon Ave. /
(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. 4324 Oregon St.
15 (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Hattie W. Ward

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 29 year 1948 hour 11 minute 50 M.
21. I hereby certify that I attended the deceased from 29 Feb 1948 to 1 Mar 1948
that I last saw h. er alive on 1 Mar 48
and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Oct. 24 1872
(Month) (Day) (Year)

Immediate cause of death Hypertensive Cardiovascular Res.
Due to Cerebral Haemorrhage
Due to.....
Other conditions (Include pregnancy within 3 months of death) 92
Major findings: Of operations.....
Of autopsy.....

8. AGE: Years 70 Months 4 Days 5 If less than one day..... hr. min

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

10. Usual occupation House Wife

11. Industry or business.....

12. Name John Reifeiss

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

14. Maiden name Julia Lohrum

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

16. (a) Informant Leonard Ingram

(b) Address 4324 Oregon St.

17. (a) Burial (b) Date thereof 3/5/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director W. Schumacher

(b) Address 3013 Meramec St.

19. (a) MAR 3 1948 (b) J. F. Breneck
(Date received local registrar) (Registrar's signature)

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?..... (Specify type of place)
While at work?..... Means of injury 210
23. Signature Charles Kromer (M. D. or other)
Address 1454 Perard Date signed 1 Mar 48

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

86-1158

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 Francis Williamson
Licensed Embalmer No. 3565
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.