

FILED JUN 23 1948 318
Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4748 Michigan
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4748 Michigan
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret Yates
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JUNE day 21
year 1948 hour 18 minute 50 P. M.
21. I hereby certify that I attended the deceased from
JUNE 5, 1948, to JUNE 21, 1948
that I last saw her alive on JUNE 21, 1948
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
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 16, 1854
(Month) (Day) (Year)

Immediate cause of death CHRONIC MYOCARDITIS
Due to ARTERIOSCLEROSIS

8. AGE: Years 93 Months 9 Days 5
If less than one day _____ hr. _____ min.

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

9. Birthplace Rolla Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation At home

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Luther Mathews
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Arch Moses
(b) Address 4748 Michigan Ave.
17. (a) Removal (b) Date thereof June 23, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Salem, Missouri

While at work? _____ (Specify type of place) (e) Means of injury 2
23. Signature R. W. Jackson (M.D. or other) DO
Address 4610 URGENTIA Date signed 6/22/48

18. (a) Signature of funeral director How Schumacher
(b) Address 3013 Meramec St.
19. (a) JUN 23 1948 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY - USE INK - PRINT NAME OF DECEASED IN FULL - PRINT NAME OF REGISTRAR IN FULL

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 H. 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.