

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: 0
(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)

In this community _____ years, months or days.

3: (a) PRINT FULL NAME

Unknown White Male
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased MAY 1883 1878
(Month) (Day) (Year)

8. AGE	Years	Months	Days	If less than one day
<u>65-70</u>				min.

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

10. Usual occupation unk

11. Industry or business unk

12. Name unk

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

14. Maiden name unk

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

16. (a) Informant nos. of informant
(b) Address 1300 WASH. ST. ST. LOUIS

17. (a) BURIAL (b) Date thereof 6-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director ALBERT H. HOPPE
(b) Address 4700 WASHINGTON

19. (a) JUN 15 1948 (b) J. F. Bredeck
(Date recorded) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 01
(c) City or town unk (If outside city or town limits, write "RURAL")
(d) Street No. 98- (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1948 hour _____ minute 11:35

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.

Immediate cause of death TRACTURE OF SKULL

Due to 2. SUBDURAL HEMATOMA

Due to AT DIFFERSON & RUSSELL ST. AROUND 11:30 P.M. MAY 16, 1948

Other conditions (Include pregnancy within 6 months of death)
CRIMINAL CARELESSNESS AT THE HANDS OF PARTY OR PARTY'S UNKNOWN

Major findings: THE HANDS OF PARTY OR PARTY'S UNKNOWN

Of operations _____

Of autopsy unk

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence MAY 16, 1948

(c) Where did injury occur? ST. LOUIS MO
(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 Dr. E. J. ... (M. D. or other) _____

Address _____ Date signed _____

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

MOTHER, FATHER

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 Ralph W Hemen

Licensed Embalmer No. 3791

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.