

FILED OCT 1 1948

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8195

Registration District No. 318

Primary Registration District No.

Registrar's No.

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:  
Stone Nursing Home - 4373 W. Pine  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 7 Weeks  
 In this community 4 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Lola S. Hualsawede

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

4. Sex Female / 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 19th, 1868  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 2 28 hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name ??? Tucker

13. Birthplace Unknown  
 (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 Vera Hennrich

(b) Address 9352 Althea Ave Affton Mo

17. (a) Burial (b) Date thereof 9-20-1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Ziegler & Sons

(b) Address 6409 Gravois Ave

19. (a) SEP 20 1948 (Date received local registration)  
J.F. Buresch (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. 6415 S. Kingshighway  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17th day September  
 year 1948 hour 6:15 minute A. M.

21. I hereby certify that I attended the deceased from  
Jan 25th 1947 to 9/17 1948  
 that I last saw her alive on 9/13/48  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 1947+  
 Due to Arterio Sclerosis 1947+  
 Due to Arterio Sclerosis 1947+  
 Other conditions Calcemone Uterus 1942+  
 (Include pregnancy within 5 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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 Robert J. Smith (M. D. or other)  
 Address 5203 Chaffin Date signed 9/17/48

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.....

*Henry M. Brammer*

Licensed Embalmer No. *4200*

P. O. Address.....

*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.**