

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34198

FILED NOV 12 1948

1003

Registration District No. 318

Primary Registration District No.

Registrar's No. 9514

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4244 HARTFORD ST
(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. 4244 HARTFORD ST
(If rural, give location)

(e) Citizen of foreign country?.....
If yes, name country.....

3: (a) PRINT FULL NAME JULIA Y HADD

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 30
year 1948 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from 25 1948 to Oct. 30 1948.
that I last saw her alive on Oct. 27 1948
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... JULY 10 1879
(Month) (Day) (Year)

Immediate cause of death Arteriosclerosis due to Degeneration of Arteries
Essential Hypertension
3 days

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death).....

8. AGE: Years Months Days If less than one day

69 3 20 hr. min.

9. Birthplace ST LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation LAUNDRESS

11. Industry or business FIRMIN DESLOGE HOSPITAL

12. Name WILLIAM HADD

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

14. Maiden name MARY ANN MARES

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

16. (a) Informant GEORGE E. HADD

(b) Address 4244 HARTFORD ST

17. (a) BURIAL (b) Date thereof NOV 3 - 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Wm J. Robert & Co

(b) Address 1905 S. Grand Blvd.

19. (a) NOV 2 1948 (b) J. B. ...
(Date received local registrar) (Registrar's signature)

PHYSICIAN

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?.....

(Specify type of place)
While at work?..... (c) Means of injury.....

23. Signature Walter P. Erdman M.D. or other.....
Address 3120 Morganford Date signed 11-1-48

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.....

J. Allen Davis Jr.
.....
Licensed Embalmer No. *4953*

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.