

10-400
17-39
I 3908

Registration District No. **31948**

Primary Registration District No. **3069**

Registrar's No. **2504**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Mary's Hospital
(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 Jennings
(If outside city or town limits, write "RURAL")

(d) Street No. 5600 Jennings Rd.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3: (a) PRINT FULL NAME Florence M. Whipple

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28
year 1948 hour 5 minute 00 A. M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Raymond

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased: August 13 1900
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>1</u>	<u>15</u>	_____ hr. _____ min.

Immediate cause of death _____

Brain Tumor

Due to Type undetermined

Due to 570

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

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

10. Usual occupation Housewife

11. Industry or business Home

Major findings:
Of operations _____

MOTHER FATHER

12. Name Sommers

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

14. Maiden name Edith Davis
(City, town, or county) (State or foreign country)

15. Birthplace Unknown 01
(City, town, or county) (State or foreign country)

Of autopsy Brain Tumor

St. Mary's Park Ave

16. (a) Informant Mr. Raymond Whipple

(b) Address 5600 Jennings Rd.

17. (a) Burial (b) Date thereof 10/30/48
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director PROVOST UND. CO.

(b) Address 3710 N. Grand Blvd.

19. (a) 10-28-48 (b) Carl A. Schaeffer
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)

Means of injury _____

23. Signature Edmund A. Sommer (M. D. or other)

Boaume and Merck (Address)

Date signed 10/28/48

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

Dr. Smolik

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 *Albert Mayfield*

Licensed Embalmer No. *3077*

P. O. Address.....

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.