

FILED JAN 11 1949

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Park Lane Hospital **D**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 months  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 977  
(c) City or town St. Louis **9**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. 6707 Clayton Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ETTA RUBY TULEY

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 Married  
6. (b) Name of husband or wife Jesse 6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased June 20 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>6</u>	<u>2</u>	hr. _____ min. _____

9. Birthplace Pillipstown Ill (City, town, or county) (State or foreign country) **1**

10. Usual occupation Retired Housewife

11. Industry or business \_\_\_\_\_

12. Name Unknown  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Etta Ruby Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Byron W Tuley  
(b) Address 452 Julian Pl (Kirkwood Mo.)

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-48  
(Monthly) (Day) (Year)

(c) Place: burial or cremation Lakewood Park

18. (a) Signature of funeral director Jay B. Smith  
(b) Address 7456 Manchester Ave.

19. (a) DEC 23 1948 (Date received local registrar) (b) J. B. Lesater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22  
year 1948 hour 1 minute 40 A. M.

21. I hereby certify that I attended the deceased from Aug 11 1948 to Dec 22 1948  
that I last saw her alive on Dec 22 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Rt. Scleroplegia  
(Include pregnancy within 3 months of death)

Duration \_\_\_\_\_  
8/11/47

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
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? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. E. Williamson (M. D. or other)  
Address 6356 Clayton Road Date signed 12/22/48

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

MOTHER FATHER

13512 Bury

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**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 W. L. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

**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.**