

7
No. 2
-10-39
7-39
X21432

MAY 15 1940 791
Registration District No. _____

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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days
(Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis, Missouri 24
(If outside city or town limits, write "RURAL")
(d) Street No. 2514 S. Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28,
year 1940 hour 11 minute 30 P. A. M.

21. I hereby certify that I attended the deceased from
April 22, 1940, to April 28, 1940
that I last saw her alive on April 28, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage 6 days

Due to Hypertension year

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
6 days
year
PHYSICIAN
Underline
the cause to
which death
should be
charged sta-
tistically.

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 Walter Ford (M. D. or other) _____
Address 1515 Lafayette Date signed 4/29/40

8. (a) PRINT FULL NAME White, Eva Nellie 3000

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 T. 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased June 20, 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 10 8 hr. _____ min.

9. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

12. Name John Hicks

13. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Alice Pratte

15. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse J. White
(b) Address 2514 S. Broadway

17. (a) Burial (b) Date thereof 5/1/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Wacker-Helderte
(b) Address 2331 S. Broadway

19. (a) APP 29 1940 (b) J. J. [Signature]
(Date of registration) (Registrar's Signature)

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 _____

Robert Wheeler

Licensed Embalmer No. 2128

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, above space should be left blank.