

FILED DEC 6 1947 318
Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County: St. Louis, Missouri

(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 - Max C. Starkloff
(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: Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No.: 440 So. Kirkwood Rd
Memorial (If rural, give location)

(e) no. Foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME: MEDA SCUDDER

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, widowed

6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased: _____ (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1st year 1947 hour 12:02 minute _____ A. M.

21. I hereby certify that I attended the deceased from 11/13/47 to Dec. 1st 1947 that I last saw her alive on Dec. 1st 1947 and that death occurred on the date and hour stated above. Duration

Immediate cause of death: Metastatic carcinoma

8. AGE: abt - 65 Years 2 Months 2 Days _____ hr. _____ min. If less than one day

9. Birthplace: Springfield, Mass. (City, town, or county) (State or foreign country)

10. Usual occupation: mother - homemaker

11. Industry or business _____

12. Name: Unk Handy

13. Birthplace: Boston, Mass (City, town, or county) (State or foreign country)

14. Maiden name: Unk

15. Birthplace: Unk (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. P. S. Scudder (b) Address: 440 So. Kirkwood Rd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-1-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Bellevue Cemetery place? _____ (Specify type of place)

18. (a) Signature of funeral director: John P. ... (b) Address: Kirkwood 22, Ind.

19. (a) DEC 1 - 1947 (Date recorded) (b) J. F. ... (Registrar's signature) Address: 1515 Lafayette. Date signed: 12/1/47

Due to: carcinoma of breast

Due to: 50

Other conditions: Psychic, organic (Include pregnancy within 3 months of death)

Major findings: metastatic carcinoma

Of operations: _____

Of autopsy: _____

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 _____

PHYSICIAN

Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING 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

William H. Fitzgerald

Licensed Embalmer No.

4316

P. O. Address

Hickwood, 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.