

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

16781

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1008**  
(c) City **St. Louis, Mo.** (d) Street No. **3947A Shaw Blvd.** Registered No. **4642**  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. ....  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

**Elizabeth M. Damhorst. 5-62**

(a) Residence, No. **3947A Shaw Blvd.** St. **17** (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single.**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 19, 1861**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**76 8 1**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home.**  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis, Mo.** (STATE OR COUNTRY)

13. NAME **Herman Damhorst.**

14. BIRTHPLACE (CITY OR TOWN) **Germany.** (STATE OR COUNTRY)

15. MAIDEN NAME **Josephine Grone.**

16. BIRTHPLACE (CITY OR TOWN) **Germany.** (STATE OR COUNTRY)

17. INFORMANT **Mrs. Marian Sanguinet.** (ADDRESS) **3947A Shaw Blvd.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **May 23, 1938**

19. FUNERAL DIRECTOR (NAME) **Arthur J. Donnelly Undert. Co.** (ADDRESS) **3840 Lindbergh Blvd.**

20. FILED **J. P. Bridger** Local Registrar

MAY 21 1938

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 20, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **May 16**, 19**38**, to **May 20**, 19**38**  
I last saw h. **et.** alive on **May 19**, 19**38** Death is said to have occurred on the date stated above, at **2:40** m. A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

**pernicious anemia 3 yrs**  
**127**  
Other contributory causes of importance:  
**Cholecystitis, no stones 2 weeks**

Name of operation ..... Date of .....  
What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? **X**  
Name, specify **D. B. Schaefer**, M. D.  
(Signed) **D. B. Schaefer**  
(Address) **3147 S. Jefferson**

**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

*Stanley Marchlewski*

Licensed Embalmer No. *2868*

P. O. Address *3840 Linden Bl*

**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.**