

REC'D APR 12 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

791  
1003

8298

Do not use this space.

2063

1. PLACE OF DEATH

(a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No.....  
 (c) City St. Louis, Missouri (d) Street No..... Registered No.....  
 (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.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Elizabeth Waters

(a) Residence, No. 2234 So. Jefferson St. 23 (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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wife of John</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 27, 1892</u>		
7. AGE	YEARS <u>46</u>	MONTHS <u>2</u>
	DAYS <u>5</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) (STATE OR COUNTRY) <u>Hermann Missouri</u>		
FATHER	13. NAME <u>William Greis</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hermann Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Caroline Glatz</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hermann Missouri</u>	
17. INFORMANT (ADDRESS) <u>Hyrrtle Waters 2234 S. Jefferson Avenue</u>		
18. BURIAL CREMATION OR REMOVAL TO PLACE <u>Hermann, Mo. DATE 3/4/39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>A. W. McLaughlin 2301 Lafayette Avenue</u>		
20. FILED <u>MAR 3 1939</u> <u>J. D. Budick</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-2-39, 19...  
 22. I HEREBY CERTIFY, That I attended deceased from 2-17-39, 19... to 3-2-39, 19...  
 I last saw him alive on 3-2-39, 19... Death is said to have occurred on the date stated above, at 1 PM.  
 The principal cause of death and related causes of importance were as follows:

Cancer of lung  
Multiple pulmonary infarcts  
Pericardial effusion

Date of onset

Other contributory causes of importance:

Thrombosis of inferior vena cava

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? YES.  
 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?.....  
 If so, specify Cancer of lung  
 (Signed) E. L. K... M. D.  
 (Address) BARNES HOSPITAL

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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 *L. R. Cooper* .....

Licensed Embalmer No. *2633* .....

P. O. Address *2317 Lafayette* .....

**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.**