APR 14 1939 REC'D MAY 10 1939

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

16044
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis, Co. Registration District No. 784
(b) Township ~~Clayton~~ Primary Registration District No. 101 Registered No. 676
(c) City Clayton Mo. (d) Street No. St. Louis Co. Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

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2. PRINT FULL NAME Elizabeth De Verger
(a) Residence, No. Robertson, Mo. St. Robertson MO.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 10 1844

7. AGE YEARS 95 MONTHS 3 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
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) Missouri

FATHER
13. NAME ? Robare.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER
15. MAIDEN NAME Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mrs William Wellinghoff Robertson Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Ferdinand DATE April 15, 1939

19. FUNERAL DIRECTOR (ADDRESS) Jos. W. Clark 1125 Hodiamont Ave.

20. FILED APR 14 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw her alive on ....., 19.... Death is said to have occurred on the date stated above, at 7.00 pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental fall on floor of own home.	Feb 21, 1939
Other contributory causes of importance:	
Fracture of the Left Hip.	2/21/39
Broncho-pneumonia (terminal)	

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 2/21/39, 19....
Where did injury occur? Robertson, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Home accidental fall
Nature of injury Fractured L. Hip.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John O'Connell M. D.
(Address) Coroner of St. Louis County, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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STATEMENT BY LICENSED EMBALMER

I, Alan Neely, Licensed Embalmer No. 3225

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Alan Neely

Licensed Embalmer No. 3225

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.)