

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Nov. 3-1939 I 119511

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.

791
Registration District No.

Primary Registration District No.

Registrar's No. 9400

1. PLACE OF DEATH: 1000 /

(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: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 Days
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Elizabeth Walters 436

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan. 9 1856
(Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace St. Joseph, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Water 6

18. Birthplace Unknown Germany /
(City, town, or county) (State or foreign country)

14. Maiden name Anna Marie Gerding

15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Carolina K. Oldendorph

(b) Address 4325 Grace Ave.

17. (a) Burial (b) Date thereof 11/3/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Kraeger-Voss-Fix

(b) Address 3402 N. Kingshighway Blvd.

19. (a) NOV 2 1939 (b) _____
(Date of local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: _____ /

(a) State Missouri (b) County _____

(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")

(d) Street No. 3846 Oregon Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1, year 1939 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from October 4, 1939 to November 1, 1939 and that death occurred on the date and hour stated above.

that I last saw her alive on November 1, 1939

Immediate cause of death Lobar Pneumonia Duration _____

Due to Carcinoma of Head of Pancreas

Due to both

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 46

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 L. J. Kennedy MD (M. D. or other) _____

Address 1515 Lafayette, Date dictated 11/1/39

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

Albert G. Hoffer

Licensed Embalmer No. *2971*

P. O. Address.....

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.