

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

1676-5-17-39
REV. 5-17-39
U.S. GOVERNMENT PRINTING OFFICE: 1938

24
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.

Registration District No. 784

Primary Registration District No. 117

Registrar's No. 2284

1. PLACE OF DEATH: 2

(a) County St. Louis

(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
415 W. Jackson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County St. Louis

(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")

(d) Street No. 415 W. Jackson
(If rural, give location)

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

3. (a) PRINT FULL NAME Elva Gale LLC

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24
year 1939 hour nine minute A.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Leone 6. (c) Age of husband or wife if
alive 63 years

7. Birth date of deceased Dec. 31 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 19
1939 to Dec. 24, 1939
that I last saw her alive on Dec. 24, 1939
and that death occurred on the date and hour stated above.

8. AGE: Years 59 Months 10 Days 24 If less than one day
hr. _____ min. _____

Immediate cause of death
Carcinoma of Duodenum

9. Birthplace Greenville Ill.
(City, town, or county) (State or foreign country)

Due to gastric ulcer reported a year ago and found to be malignant.

10. Usual occupation Housewife

Other conditions (Include pregnancy within 8 months of death)

11. Industry or business _____

Major findings: Of operations 4/6

12. Name Unknown

Of autopsy none

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Leone Gale

(b) Address 415 W. Jackson Webster Groves

17. (a) Burial (b) Date thereof 12/26/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Louis H. Bopp

(b) Address 131 W. Argonne Dr. Kirkwood, Mo.

19. (a) DEC 24 1939 (b) R. K. Myers
(Date received local registrar) (Registrar's signature)

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 _____

28. Signature W. Alexander Smith (M.D. or other) _____

Address Webster Groves Date signed 12/24/39

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.....

Louis H. Poff....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. *921*.....

P. O. Address *Kirkwood*.....

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.