

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. 791

Primary Registration District No. 1003

1. PLACE OF DEATH: ST. LOUIS, MO.
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3920 Evans 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 3920 Evans Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME ELIZA METCALF
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. 7, day _____
year 1940 hour 11:05 minute _____ P. M.
21. I hereby certify that I attended the deceased from 1-16-
1940 to 2-7- 1940.
that I last saw her alive on Feb 7, _____, 1940.
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race Colored 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 8 23 1870
(Month) (Day) (Year)

Immediate cause of death Chr. Endo-Carditis
Due to Chr. Myocarditis
Other conditions Hypertension
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

8. AGE: Years 69 Months 5 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace New Haven Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name Mae Miller

13. Birthplace New Haven Ky
(City, town, or county) (State or foreign country)

14. Maiden name Laura Brown

15. Birthplace New Haven Ky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sue Scott
(b) Address 3920 Evans Ave

17. (a) Burial (b) Date thereof 2-12-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. J. ...
(b) Address 2719 Chestnut

19. (a) FEB 8 1940 (b) _____
(Date received local registrar) (Date received by registrar)

Duration History
Indefinite
NITE
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? _____
(Specify type of place) (e) Means of injury _____
While at work? _____
23. Signature Blair H. Carter (M. D. or other) MD
Address 2425 Biddle Date signed 3/9/40

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed *D. J. Watson*

Licensed Embalmer No. *2698*

P.O. Address *2769 Chouteau*

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.