

Registration District No. 791Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County 1
(b) City or town ST LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST MARY'S INFIRMARY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution WEEK
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ELISA WILLIS

8. (b) If veteran, name war NO
8. (c) Social Security No. NONE

4. Sex FEMALE
5. Color or race COL.
6. (a) Single, widowed, married; divorced WIDOW
6. (b) Name of husband or wife NONE
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased MAY 31 1968
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 25 If less than one day hr. min.

9. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation MAID AT LACLEDE GAS

11. Industry or business

12. Name MICHAEL THOMAS
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 FRANCES THOMAS(b) Address 4408 WEST BELLE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-29-40
(Month) (Day) (Year)

(c) Place: burial or cremation GREENWOOD18. (a) Signature of funeral director C.W. ROBERTS(b) Address 3035 LUCAS AVE.

19. (a) J.F. Cushman (b) J.F. Cushman
(Licensed Embalmer's Signature) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MO
(c) City or town ST LOUIS 11
(If outside city or town limits, write "RURAL")
(d) Street No. 4408 W. BELLE PI
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25th
year 1940 hour 7:20 minute AM

21. I hereby certify that I attended the deceased from with Feb 14
to 25th Feb, 1940
that I last saw her alive on 25th Feb, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death DiabetesDuration 1 year

Due to _____

Due to _____

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

Major findings:
Of operations _____

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) (Means of injury)

23. Signature W. J. Sealant (M. D. or other)
Address 2743 Franklin Date signed _____

FEB 29 1940

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 *Arthur L. Heilbard*

Licensed Embalmer No. *3389*

P. O. Address *3028 Dickson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.