

Registration District No. 784

Primary Registration District No. 117

1. PLACE OF DEATH:  
 (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:  
905 Cornell  
(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 Missouri (b) County St. Louis  
 (c) City or town Webster Groves  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 905 Cornell  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Elizabeth Baskerville  
 8. (b) If veteran, name war \_\_\_\_\_   
 8. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 2 day 20  
 year 1940 hour 9 minute 30 P.M.

4. Sex Female 5. Color or race negro  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased unknown  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2/19/40 to 2/20/40  
 that I last saw him alive on 2/20/40  
 and that death occurred on the date and hour stated above.

8. AGE: Years about 80 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Ch. Myocarditis  
 Due to Ch. Myocarditis  
 Due to Senility

9. Birthplace Marion Ala.  
(City, town, or county) (State or foreign country)  
 10. Usual occupation at home  
 11. Industry or business \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) B1

MOTHER FATHER  
 12. Name unknown  
 13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Lane  
 15. Birthplace unknown  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Rosalie Graham  
 (b) Address 905 Cornell

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof 2-24-40  
(Specify occupation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Westpoint mch.

(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)

18. (a) Signature of funeral director J. Lewis  
 (b) Address Webster Groves  
 19. (a) FEB 24 1940 (Date received local registrar)  
 (b) J. K. Meyer (Registrar's signature)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature Rosalie Graham (M. D. or other) !  
 Address 2438 1/2 Ave Date signed \_\_\_\_\_

WHILE EXISTING - USE UNFADING BLACK INK - MAKE 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.

**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 \_\_\_\_\_

J. C. Lewis \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed J. C. Lewis  
Licensed Embalmer No. 3027  
P. O. Address Webster Springs

**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.**