

SEP 25 1940 **791**
Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5003a Cates 2
(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) _____

3. (a) PRINT FULL NAME Elizabeth Anne Wilson

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Samuel A. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 3 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 11 13 hr. min.

9. Birthplace Cape Girardeau Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Ira Gaines

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

14. Maiden name Richard Ladd

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

16. (a) Informant Mrs. Lena Rose

(b) Address 5003a Cates

17. (a) Burial (b) Date thereof 8-17-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) Aug 17 1940 (b) J. P. Bedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County _____
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
(d) Street No. 5003a Cates Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 16
year 1940 hour 4 minute - A.M.

21. I hereby certify that I attended the deceased from Aug. 2
1940 to Aug. 16 1940;
that I last saw h. er alive on Aug. 16 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to arteriosclerosis

Due to _____

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

Major findings: Of operations none
Of autopsy none

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 J. P. Bedeck (M. D. or other) _____
Address 3903 Date signed 8-16-40

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

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

Guy W. Wilkinson

Licensed Embalmer No.

3575

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.