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M-1-4-41
v. 5-17-39
X26390

APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8972
Registrar's No. 2382

Registration District No. 791
Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 23
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 210
(d) Street No. 2422a So. 18th Street
(If rural, give location) 11
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth Brown
3. (b) If veteran, name war none
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 14
year 1941 hour 11:00 minute _____ A. M.
21. I hereby certify that I attended the deceased from March
12, 1941 to March 14, 1941.
that I last saw her alive on March 14, 1941.
and that death occurred on the date and hour stated above.

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife ANDREW
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 30 1872
(Month) (Day) (Year)

Immediate cause of death Pneumonia Duration 23 days
Senility

8. AGE: Years Months Days If less than one day
68 3 14 hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

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

10. Usual occupation housewife
at home

11. Industry or business _____

12. Name William Cole
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Martha Ann Whitworth
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Iella Woelfer
(b) Address 2422a So 18th Street

17. (a) burial (b) Date thereof March 17 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) MAR 16 1941 (b) [Signature]
(Date received locally) (Registrar's signature)

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 [Signature] (M. D. or other) _____
Address 1515 Lafayette Ave. Date signed 2/14/41

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 Paul A. Keith
Licensed Embalmer No. 3612
P. O. Address 2301 Lafayette

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, fact should be so stated above.