

13-40
17-39
X23139

APR 9 1941

State File No. _____

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 549

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6456 Derby Ave.
(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 Wellston
(If outside city or town limits, write "RURAL")
 (d) Street No. 6456 Derby Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? Life _____ years.

3. (a) PRINT FULL NAME ELIZABETH S. BATH.
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 9th.
 year 1941. hour 7 minute A.M. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Charles T. Bath.
 6. (c) Age of husband or wife if alive Dec'd. years
 7. Birth date of deceased August 11, 1863.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 28, 1939, to March 9, 1941;
 that I last saw her alive on March 8, 1941;
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
77 6 26 hr. _____ min.

Immediate cause of death
Renorrhage into spinal cord
 Due to Hypertension
 Due to _____

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings:
 Of operations 87: 2
 Of autopsy _____

11. Industry or business at home

MOTHER FATHER {
 12. Name Thomas Schofield.
 13. Birthplace ? England.
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Ramsbottom.
 15. Birthplace ? England.
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Charles T. Bath.
 (b) Address 5979 Ridge Ave.

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?

17. (a) Burial (b) Date thereof 3-12-1941.
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Zions Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
 (b) Address 5966-68 Easton Ave.

While at work? _____
(Specify type of place) (e) Means of injury

19. (a) MAR 11 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____
 Address 3720 Washington Date signed 3/10/41

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

Dr. Anthony B. Day.
3720 Washington Blvd.
Telephone Newstead 0870

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 3454

David C. Gibson

Registered Apprentice No.

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 2766 Eastern Ave

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.