. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30065

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7404

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:
3830 A. Humphrey St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3830 A. Humphrey St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Canfield

3. (b) If veteran, name war ******

3. (c) Social Security No. *******

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William G. Canfield

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased August 22 1866 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	0	21	hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Gerhard Briggenschmidt
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth ?????
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant William G. Canfield
(b) Address 3830 A. Humphrey St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 15 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) SEP 13 1941 (Date received local registrar) (b) J. Beeleck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12th day September year 1941 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death: Fatty Degeneration of Myocardium Coronary Sclerosis, History of Fractured Pelvis, White Receiving Medical Care for Injuries

Due to: Suffered when the car in which she was Riding and Driven by William Garland Canfield

Due to: And a car Driven by Edward Meiher Collided at Shaw and Thurman

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy

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) Accident
(b) Date of occurrence July 16 - 1941
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? (e) Means of injury

23. Signature Alfred Perry (M. D. or other)
Address Leyman Coron Date signed 9/13/41

(Licensed Embalmer's Statement on Reverse Side)

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 Frank L. Owens

Licensed Embalmer No. 2245

P. O. Address St Louis Mo.

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

If this body is not embalmed, fact should be so stated above.