

No. 2
1-4-415
-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40185**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **9905**

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:
St. Lukes Hospital
(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 _____
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 5473 Bright
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13
year 1941 hour 11 minutes 35 P. M.
21. I hereby certify that I attended the deceased from _____
19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Elizabeth Dale Black

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

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

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

7. Birth date of deceased: Feb (Month) 5 (Day) 1860 (Year)

8. AGE: Years 81 Months 10 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Wm. M. Black

13. Birthplace Illinois (State or foreign country)

14. Maiden name Elizabeth Dale

15. Birthplace Penn. (State or foreign country)

16. (a) Informant Malcolm A. Black

(b) Address 9831 Perrin-St. Louis, Mo.

17. (a) Removal (b) Date thereof: 12-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Ill.

18. (a) Signature of funeral director: Louis H. Bagnall

(b) Address 1314 Argonne Dr. Kirkwood, Mo.

19. (a) Dec 17 (b) J. T. Budeck
(Date received local registrar) (Registrar's signature)

Duration
Chalcopyria thrombosis fracture
Right femur when she fell
while attempting to descend
from fireplace steps from
front porch of her home.
Due to 12/13/44 About 4:10 PM

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

Major findings: Of operations 1860

Of autopsy 18

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) Accident

(b) Date of occurrence 12/13/41

(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? 5

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

23. Signature Officer Kelly (M. D. or other)

Address Depaul School Date signed 12/15/41

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

John M. Meyer

Licensed Embalmer No.

3288

P. O. Address

Kirkwood, Mo.

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.