

U. S. No. 2
DM-9-4-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4063

State File No.

1863

FILED MAR 17 1942 791

1003

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH
St. Louis,
(a) County
(b) City or town. St. Louis, Mo. (Rear)
(c) Name of hospital or institution:
2800a Ohio Av. (Rear)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis, Mo.
(d) Street No. 2800a Ohio Avenue (Rear)
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Annie Barada
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 27
year 1942 hour 7: minute A.M.
21. I hereby certify that I attended the deceased from Feb. 27/42
19 42 to Feb 27 19 42
that I last saw him alive on Feb 27 19 42
and that death occurred on the date and hour stated above.
Immediate cause of death Bronchial pneumonia 1-3 day
Duration

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Widow
6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive years

Primary
Due to Carcinoma of right breast
Carcinoma of liver & pancreas
Due to Carcinomatous
Metastases in right kidney
Other conditions general cachexia
(Include pregnancy within 3 months of death)

7. Birth date of deceased. March 6, 1870
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
71 11 21 hr. min.

PHYSICIAN
Major findings: Of operations 50
Of autopsy Generalized endotoxemia
generalized Carcinomatous
Underline the cause to which death should be charged statistically.

9. Birthplace Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation At Home

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) (a) Means of injury
23. Signature Levi A. P. Stein (M. D. or other)
Address 2800a Clipperton Date signed 2/28/42

11. Industry or business
12. Name William Drury
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Rose Ann Metcalf Ohio
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Sarah F. Drury
(b) Address 2800a Ohio Av. (Rear)
17. (a) Burial (b) Date thereof 3/2/42
(Burial, cremation, or removal) (Month) (Day) (Year)
Calvary Cemetery
(c) Place: burial or cremation
18. (a) Signature of funeral director John H. Lebbeaux
2630 Grayois
(b) Address
19. (a) FEB 28 1942 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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.....

Robert T. Gebken

Licensed Embalmer No. 4144

P. O. Address.....2630 Gravois.....

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.