

FILED MAR 17 1947 91

Registration District No.

Primary Registration District No.

1003

Registrar's No.

181

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: **Infirmary 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 yr. 11 mo. 12 da.**
(Specify whether
In this community **1**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **13000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5800 Arsenal Street**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **7th.** year **1942** hour **8:00 A.M.** minute _____ M.

21. I hereby certify that I attended the deceased from
January 30, 19**42** to **February 7,** 19**42**;
that I last saw her alive on **February 7,** 19**42**;
and that death occurred on the date and hour stated above.

Immediate cause of death **anemia secondary** Duration _____
to hemorrhage
Carcinoma of cervix, uteri.
Due to **multiple metastases.**

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

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

3. (a) PRINT FULL NAME **Ellen Reed**

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 **Widow**

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

7. Birth date of deceased. **August 15, 1864**
(Month) (Day) (Year)

8. AGE: Years **77** Months **6** Days **23** If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name **Joe Schaeffer**

13. Birthplace **Germany** (City, town, or county) (State or foreign country)

14. Maiden name **Nora Moder**

15. Birthplace **Virginia** (City, town, or county) (State or foreign country)

16. (a) Informant **M. Geasland**

(b) Address **5800 Arsenal**

17. (a) **Autonomous Burial** Date thereof **2-11-42** (Month) (Day) (Year)

(c) Place: burial or cremation **St. Louis**

18. (a) Signature of funeral director **W. J. ...**

(b) Address **3000 Parkway**

19. (a) **FEA** (Date received local registrar) (b) **J. E. Bredeck** (Registrar's signature)

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 **Loren Blaney** (M. D. or other) **MD**
Address **5800 Arsenal** Date signed **2/10/42**

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.