V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9385 2958

FILED APR 17 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

000 17 9

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Masonic Home of Missouri (If not in hospital or institution, write street number or location) 5

(d) Length of stay: In hospital or institution 19 yrs (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 000 17

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9

(d) Street No. 5351 Delmar (If rural, give location) 12

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth West

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex f 1

5. Color or race W

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan. 2, 1858 (Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 29 If less than one day hr. min.

9. Birthplace Grassy, Mo. Bollinger County, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation

11. Industry or business

FATHER
12. Name John Sitzes
13. Birthplace not given (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name not given
15. Birthplace not given (City, town, or county) (State or foreign country) 9

16. (a) Informant Iva Hirsch

(b) Address 5351 Delmar, St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/42 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar

19. (a) APR 2 1942 (Date received local registrar) (b) J. F. Beedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day I. year 1942 hour $. 15 minute A. M. M.

21. I hereby certify that I attended the deceased from Aug. 29. 1929, 19, to April I. 1942, that I last saw her alive on March 31, 1942, 19 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	6Mths.
Due to Hypertension	3yrs.
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.

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? (Specify type of place)

While at work (e) Means of injury 0

23. Signature Solomon Campbell (M. D. or other)

Address 509 N. Grand Blvd. Date signed 4-1-42

(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 Raymond L. Morris, Registered Apprentice No. 290, working under my personal supervision.

Signed Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6125 Delmar

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.