

FILED APR 22 1942

Registration District No.

Primary Registration District No. 30.36

Registrar's No. 280

1. PLACE OF DEATH:

(a) County St. Charles
 (b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution nine days
(Specify whether)
 In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
 (c) City or town St. Charles
(If outside city or town limits, write "RURAL")
 (d) Street No. 803 Clark St
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth Catherine Eldert

(b) If veteran, name war No (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife Basel Eldert 6. (c) Age of husband or wife if alive 7 years
 7. Birth date of deceased December 14 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 7 If less than one day hr. min.

9. Birthplace Lincoln County, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Wilson Thompson

13. Birthplace 1 Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mary S. Compton

15. Birthplace 1 Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Evel Eldert

(b) Address St. Charles, Mo

17. (a) Burial (b) Date thereof March 24 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles Burial Con.

18. (a) Signature of funeral director H. C. Dallymeyer & Sons Co.

(b) Address 801 N. Second St. Charles, Mo

19. (a) March 24 1942 (b) Clarence G. Ulesner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from May 1 1940 to March 21 1942
 that I last saw her alive on March 20 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus
Dropsy right foot - 3 wks

Due to
 Due to

Other conditions 61
(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

23. Signature Vincent A. Schumke (M. D. or other) MD
 Address St. Charles, Mo Date signed 3/23/42

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..... *John E. Hallmeyer*.....
Licensed Embalmer No. *2951*.....
P. O. Address..... *St Charles 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.