

FILED OCT 6 1942

Registration District No. **784**

Primary Registration District No. **101**

Registrar's No. **1939**

96
326
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Clayton**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **St. Louis Col Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 Day** (Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Louis**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **R.R. #13 - Box 194, Kirkwood**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Elyabeth G. Eustace**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **17**
year **1942** hour **10** minute **35** M.

21. I hereby certify that I attended the deceased from **April 1**, 19**42**, to _____, 19____
that I last saw him **alive** on **Sept 16**, 19**42**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **W 2**

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

7. Birth date of deceased **Dec 31 1870**
(Month) (Day) (Year)

Immediate cause of death **Apoplexy** Duration **2 hrs**

Due to **Heart**

Due to _____

Other conditions **arterio sclerosis**
(Include pregnancy within 3 months of death)

Major findings: **hypertension**

Of operations _____

Of autopsy _____

8. AGE: Years **71** Months **8** Days **17** If less than one day _____ hr. _____ min.

9. Birthplace **England**
(City, town, or county) (State or foreign country)

10. Usual occupation **HW**

11. Industry or business _____

MOTHER FATHER { 12. Name **unknown**

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

14. Maiden name **"** **g**

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

16. (a) Informant **Fritz Uddle**

(b) Address **Festus Mo**

17. (a) **Burial** (b) Date thereof **9-19-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill Cem**

18. (a) Signature of funeral director **Fritz Uddle**

(b) Address **Festus Mo**

19. (a) **SEP 18 1942** (b) **C. H. McDevaney**
(Date received by registrar) (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?
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature **C. E. Barnett** (M. D. or other) _____
Address **Kirkwood Mo** Date signed **9-18-42**

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

1941
10
1941
10
1941
10
1941
10

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 Werkwood Pa

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.