S. No. 2
OM—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

870

State File No.

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 861

**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: 508 a So Jefferson ave 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 23 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County 000 17 2 2

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

(d) Street No. 508 a So Jefferson ave
(If rural, give location)

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

If yes, name country

**3. (a) PRINT FULL NAME** Eliza Walton

3. (b) If veteran, name war

3. (c) Social Security No. Married

4. Sex Female

5. Color or race Col

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 6 (Day) 1875 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 67 | 6 | 21 | hr. min. |

9. Birthplace (City, town, or county) Miss 1 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Mullen
13. Birthplace (City, town, or county) Miss 1 (State or foreign country)

MOTHER
14. Maiden name Maraha Lane
15. Birthplace (City, town, or county) Miss 1 (State or foreign country)

16. (a) Informant Oza Lee Griffin

(b) Address 508 a So Jefferson ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director F. A. Green

(b) Address 2915 Franklin ave

19. (a) JAN 28 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 27 year 1943 hour 1 minute a M.

21. I hereby certify that I attended the deceased from Jan 16, 1943, to Jan 27, 1943 that I last saw her alive on Jan 26, 1943 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death | |
| Myocarditis acute | 1 mo |
| Due to from Chr Myocarditis | |
| 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

23. Signature L. R. Wentzel (M. D. or other) MD

Address 2726 Chouteau Date signed 1-27-43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2963

P. O. Address 2915 Frank [illegible]

**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.**