

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3391

State File No. _____

Registrar's No. 160

FILED FEB 10 1943
Registration District No. 283

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

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

(c) Name of hospital or institution:
Elms Nursing Home 4
(If not in hospital or institution, write street number or location)

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

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

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

(d) Street No. Rural Route
(If rural, give location)

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

3. (a) PRINT FULL NAME Lizzie Jane Elgin

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charley Elgin

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

7. Birth date of deceased About 1867
(Month) (Day) (Year)

8. AGE:

| | | | |
|------------|--------|------|----------------------|
| Years | Months | Days | If less than one day |
| <u>76?</u> | | | _____ hr. _____ min. |

9. Birthplace Pike County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Flavis Todd

13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Ada Chouris

(b) Address 5815 DeGiverville, Avenue.

17. (a) Burial (b) Date thereof 1/21/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarksville, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) JAN 22 1943 (b) C. J. McFarland
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20
year 1943 hour 10 minute 45 P M.

21. I hereby certify that I attended the deceased from Jan 15 1943 to Jan 20 1943
that I last saw her alive on Jan 19 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
General arteriosclerosis

Due to _____

Due to _____

Other conditions _____
(Includes pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury MD

23. Signature Kenny E. Westerman (M. D. or other) MD
Address 2136 E. Grand Blvd Date signed 1-21-43

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

MOTHER FATHER

1127 10-3

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 *Wilford G. Burnley*
Licensed Embalmer No. *4202*

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.