

State File No. 4486

Registrar's No.

LED MAY 27 1943

Registration District No. 318

Primary Registration District No. 1003

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:
6011 Horton Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6011 Horton Place
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Bertha Upshaw

3. (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

6. (b) Name of husband or wife Walter Upshaw 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. 15, 1886 (Month) (Day) (Year)

8. AGE: Years 56 Months 8 Days 28 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER { 12. Name John Dalton
13. Birthplace Doniphan, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Paynor
15. Birthplace Doniphan, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Uel Riley, (b) Address 6011 Horton Pl.,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 14/43 (Month) (Day) (Year)

(c) Place: burial or cremation Doniphan, Mo.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) MAY (Date received local registration) (b) J. F. Brudick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1943 hour 1.45 minute P.M.A.M.

21. I hereby certify that I attended the deceased from April 29 1943 to May 13 1943 that I last saw her alive on May 13 and that death occurred on the date and hour stated above.

Immediate cause of death Melastotic Carcinoma of the Liver 4 Months

Due to Carcinoma of left breast 1 yr

Due to 50

Other conditions In the advanced stages of

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?

While at work? (Specify type of place) Means of injury

23. Signature Robert L. Mesler (Physician) Address Clayton, Mo Date signed 5/13/43

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

Dr. Robert Meador
7818 Forsythe Blvd.,
Clayton, Mo.
7-8 P.M.
De. 1055.

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 *J. Allen Davis Jr*
Licensed Embalmer No. *4053*
P. O. Address *St. Louis, 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.