

FILED JAN 4 1944

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Registration District No. 318

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

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: St. Lukes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 wks  
In this community 8 wks  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Crover  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth Straub  
(b) If veteran, name war no  
(c) Social Security No. no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 27  
year 1943 hour 6 minute 40 A.M.

4. Sex Female 5. Color or race White  
6. (b) Name of husband or wife Louis J.  
7. Birth date of deceased August 30 1896  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 2 1943 to Dec. 27 1943  
that I last saw her alive on Dec. 27 1943  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>3</u>	<u>27</u>	_____ hr. _____ min.

Immediate cause of death: Carcinomatosis  
Due to Carcinoma  
Due to 5H  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Section of Bilateral Spinothalamic Tracts

9. Birthplace Altheim Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

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

11. Industry or business \_\_\_\_\_  
12. Name Henry Wirth  
13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace St. Louis County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Louis J. McCoy  
(b) Address Crover, Missouri  
17. (a) ~~burial~~ Removal (b) Date thereof 12-27-1943  
(Barial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Paul Cem. Orrville Mo.  
18. (a) Signature of funeral director Schraden Funeral Home  
(b) Address Ballwin Mo.  
19. (a) DEC 27 1943 J. F. Bredack  
(Date received local 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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Harold C. McCann (M. D. or other) M.C.  
Address 57535 Delmar Date signed 12-27-43

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

FEB 25 1944

FEB 16 1944

**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 *Howard R. Newland*

Licensed Embalmer No. *3114*

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,**