

FILED MAR 31 1947

State File No. _____
Registrar's No. 2880

Registration District No. _____ Primary Registration District No. 1002

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: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 yrs. 5 mos. 3 ds.
(Specify whether
In this community 13 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County aaa
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 13/7
(d) Street No. 5400 Arsenal St.
(If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1947 hour 1.15 minute P M.
21. I hereby certify that I attended the deceased from Mar
1st 1946 to Mar. 15 1947.
that I last saw her alive on Mar. 15 1947.
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death _____
Arteriosclerotic Heart Disease 3/1/46x

Due to Senility.

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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)
(c) Means of injury _____

23. Signature Paul R. Wildman (M. D. or other)
Address 5400 Arsenal St. Date signed 3/16/47

3. (a) PRINT FULL NAME

LIZZIE CLEAVES

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

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased about 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 89 hr. min.

9. Birthplace Richmond Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business _____

MOTHER FATHER { 12. Name Green
13. Birthplace Virginia /
(City, town, or county) (State or foreign country)
14. Maiden name Dolly green
15. Birthplace Virginia /
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Robinson
(b) Address 5400 Arsenal St.

17. (a) Greenwood (b) Date thereof 3 19 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St.

19. (a) MAR 18 1947 (b) J. F. Bredeck
(Date received for registration) (Registrar's signature)

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

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 L. Boykin
....., Registered Apprentice No. IM
working under my personal supervision.

Signed Lommie Boykin
Licensed Embalmer No. 2946
P. O. Address St. Louis IM

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.