

FILED OCT 24 1947

9559

Registration District No. 318

Primary Registration District No. 1003

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.....
City Sanitarium
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution..... 3 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... 000
(c) City or town..... St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 6645 Garner Ave 9
(If rural, give location)
(e) Citizen of foreign country?..... yes (Yes or No)
If yes, name country..... Ireland

3. (a) PRINT FULL NAME Elizabeth Upritchard

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

4. Sex..... female 5. Color or race..... white 6. (a) Single, widowed, married, divorced..... widow
6. (b) Name of husband or wife..... Wm. Upritchard 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... November 2, 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 6 If less than one day..... hr. min.

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

10. Usual occupation.....

11. Industry or business..... Housewife

MOTHER FATHER
12. Name..... not known
13. Birthplace..... not known
(City, town, or county) (State or foreign country)
14. Maiden name..... not known
15. Birthplace..... not known
(City, town, or county) (State or foreign country)

16. (a) Informant..... Thelma Singler
(b) Address..... 5400 Arsenal St

17. (a) Burial (b) Date thereof..... 10-16-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... Oak Hill Cem

18. (a) Signature of funeral director..... Jay B. Smith
(b) Address..... 2456 Manchester

19. (a) OCT 15 1947 (b) J. S. Bruce
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14th
year 1947 hour 12:31 A? minute..... M.

21. I hereby certify that I attended the deceased from March 10, 1947, to Oct., 14, 1947
that I last saw her alive on Oct., 14, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Broncho-pneumonia-rt lower lobe
Due to..... Arteriosclerosis-generalized
1947x.

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

PHYSICIAN
Major findings:
Of operations.....
Of autopsy..... yes

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, in industrial place, in public place?.....
While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature..... Jack R. Edelman (M. D. or other)
Address..... Date signed 10-14-47

WRITE PLAINLY—USING 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.....

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

working under my personal supervision.

Signed.....

H. Burgess

Licensed Embalmer No..... 4029.....

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.