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MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38540

State File No. \_\_\_\_\_

FILED DEC 8 1948  
Registration District No. 218

Primary Registration District No. 1003

Registrar's No. 10289

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:  
Jewish Hospital  
(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

3. (a) PRINT FULL NAME ELIZABETH F. PORTER

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife John R. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 31 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 5 24  
hr. \_\_\_\_\_ min.

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

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name Henry Farwell

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

14. Maiden name Mary Louise Smith

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

16. (a) Informant John R. Porter

(b) Address 3519 Louisiana Ave.

17. (a) Cremation (b) Date thereof 11-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Kriegshauser Und. Co.  
(b) Address 4228 So. Kingshighway Bl.

19. (a) NOV 27 1948 (b) J. B. Baerter  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 16 3519 Louisiana Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25  
year 1948 hour 2:23 minute A. M.

21. I hereby certify that I attended the deceased from Jan 3  
1944 to Nov 25 1948  
that I last saw him alive on Nov 24 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus  
Duration 6 mo

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

5. Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 M. M. Toland (M. D. or other) \_\_\_\_\_

Address 1703 S. Grand Date signed 11/26/48

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

MOTHER, FATHER

10289



**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 

Licensed Embalmer No. 3024

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.**