

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 9839
2318

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) ST Louis		c. LENGTH OF STAY (in this place) 0	c. CITY (If outside corporate limits, write RURAL and give township) Rolla		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital					
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) Brent c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 3-12-1949		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 7-11-1888	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Saline County Mo		12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME James Welch		13b. MOTHER'S MAIDEN NAME Virginia Black		14. NAME OF HUSBAND OR WIFE George A	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs Raymond Gress		ADDRESS Rolla Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Disease Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) High Blood Pressure DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Dec 26 1948 March 12 1949 5 mo 149
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no no no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP). (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 19 1948 to March 12 1949 that I last saw the deceased alive on March 12 1949 and that death occurred at 10:20 m., from the causes and on the date stated above.					
23a. SIGNATURE F R. Franegan M D			23b. ADDRESS 539 No Grand		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-14-49	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Rolla Mo	
DATE REC'D BY LOCAL REG. MAR 14 1949		REGISTRAR'S SIGNATURE J B Lassiter		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service	

(Licensed Embalmer's Statement on Reverse Side)

4104 Manchester Ave.

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

2718

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *J. Allen Davis Jr*
Licensed Embalmer No. *4053*
P. O. Address *Thermon, 10*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.