WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 559a Skinker Road St. ..... Ward)

File No. 25821

Registered No. 7430

2. FULL NAME Elizabeth Drisdall

(a) Residence. No. 559a Skinker St., 5 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF (OR) WIFE OF: David Drisdall

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov-7-66

7. AGE: Years 60 | Months 9 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: housewife

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alton Ill

PARENTS

10. NAME OF FATHER: Henry Steffen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): St Louis

12. MAIDEN NAME OF MOTHER: Katharine Ronshausen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): St Louis

14. INFORMANT: Nellie Drisdall
(Address) 559a Skinker

15. FILED AUG 18 1927, 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug-17 1927

17. I HEREBY CERTIFY, That I attended deceased from January-21, 1921, to Aug-17, 1927, that I last saw her alive on Aug-16, 1927, and that death occurred, on the date stated above, at 11.15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma (Face)

5748

(duration) 5 yrs. 7 mos. 20 ds.

CONTRIBUTORY (SECONDARY): unknown

— (duration) — yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED: unknown

IF NOT AT PLACE OF DEATH? —

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) John S Kornbrough, M. D

, 19 (Address) 3720 Washington

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla Cem.

DATE OF BURIAL: Aug. 19 1927

20. UNDERTAKER: Alexander & Sons

ADDRESS: 6175 Delmar

88 x [illegible]