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

Do not use this space.

26664

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 7939

City St Louis (No. 4208 Enright St. ..... Ward)

2. FULL NAME Eliza (Caurl) Caurl

(a) Residence. No. 4208 Enright St., 19 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: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 7 1867

7. AGE: Years 61 | Months 7 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wentyville Mo.

PARENTS

10. NAME OF FATHER: Perry Cavallay
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Wentyville Mo
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Wentyville Mo

14. INFORMANT: Minnie Hill
(Address) 4208 Enright

15. FILED AUG - 1 19.. Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 28 1929

17. I HEREBY CERTIFY, That I attended deceased from July 14th 1929 to July 28 1929 that I last saw her alive on 7/28/29 19.. and that death occurred, on the date stated above, at 10:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Pericarditis
90B
57B
(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY): Rheumatism
Chronic (duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) T. F. Jones, M. D.
7/30/29 (Address) 2603 Morgan

*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: Wentyville Mo.
DATE OF BURIAL: Aug 2 1929

20. UNDERTAKER: A. F. (Buddie) Walton
ADDRESS: 2701 Stoddard

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.

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