

30 1939
 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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
 STANDARD CERTIFICATE OF DEATH

26775 ✓

State File No. _____

Registrar's No. 1358

AUG 7 1939

Registration District No. 784

Primary Registration District No. 101

1. PLACE OF DEATH: St. Louis
 (a) County St. Louis
 (b) City or town Clayton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis County Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 14 days
12 years. (Specify whether
 In this community
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town St. Johns Sta.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2913 Edgar
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Elizabeth Haub 100
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 28
 year 1939 hour 10 minutes 10 A. M.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Apr. 26 1876
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7/14/39
 to 7/28/39, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years	Months	Days	If less than one day
<u>63</u>	<u>3</u>	<u>2</u>	hr. _____ min.

Immediate cause of death Carcinoma of liver over a year probably
 Duration _____

9. Birthplace _____ Mo. (City, town, or country) (State or foreign country)

Due to _____
 Due to 46 _____

10. Usual occupation housewife. 0

Other conditions _____ (Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name Fred Meyer 0

Major findings: Large tumor mass in liver
 Of operations _____

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

Of autopsy Several small necrotic areas also found in liver
 Underline the cause to which death should be charged statistically.

14. Maiden name Mary Stude
 15. Birthplace _____ Mo. (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

16. (a) Informant's own signature FRED J. HAUB
 (b) Address 9105 LACKLAND RD.

(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? _____

17. (a) BURIAL (b) Date thereof 7-31-39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation VAL HALLA CEM

While at work? _____ (Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director Robert H. Haffner
 (b) Address 4760 Washington

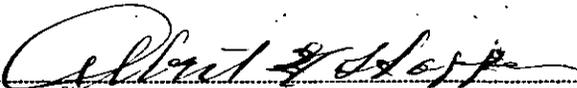
23. Signature Nilton A. Spitz 1 (M. D. or other)
 Address St. Louis County Hosp. Date signed 7/30/39

19. (a) JUL 30 1939 (b) FR. W. M. D. DPH
 (Date received local registrar) (Registrar's signature)

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. 2977

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, above space should be left blank.