

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.

Registration District No. 784

Primary Registration District No. 115

1. PLACE OF DEATH:
 (a) County St. Louis.
 (b) City or town University City.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days.
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Eliza Pressy. 620
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Female. 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Frank A. Pressy.
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 15th, 1859.
 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>80.</u>	<u>4.</u>	<u>18.</u>	hr. _____ min.

9. Birthplace West Chemsford, Mass.
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business _____

MOTHER FATHER
 12. Name John Fox.
 13. Birthplace England.
 (City, town, or county) (State or foreign country)
 14. Maiden name Eliza Hurst.
 15. Birthplace England.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Laura E. Dractor
 (b) Address 6843 Pershing Ave.

17. (a) Cremation. (b) Date thereof 10/3/39.
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director C. R. Lupton & Sons
 (b) Address #7233 Delmar Blv'd.

19. (a) Oct 3 1939 (b) [Signature]
 (Date of legal registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri. (b) County St. Louis
 (c) City or town University City.
 (If outside city or town limits, write "RURAL")
 (d) Street No. #6843 Pershing Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3rd,
 year 1939. hour 2:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from Sept 24
1939, to Oct 3, 1939.
 that I last saw her alive on Oct 2, 1939.
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart
Chronic myocardial degeneration
hypertension
 Due to _____
 Due to _____

Duration
10 yrs.
10 yrs.

Other conditions Senility. 93e
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN

 Underline the cause to which death should be charged statistically.

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 _____
 28. Signature [Signature] (M. D. or other)
 Address 5427 Delmar Blv'd. Date signed 10.3.39.

F0-0392

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 Cradford A. Miles
Licensed Embalmer No. 2901
P. O. Address St Louis Mo

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.