

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____ 2
(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6727 Morganford Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Elizabeth League 2nd

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 Albert G. League. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 27th, 1859.
(Month) (Day) (Year)

8. AGE: Years 80. Months 9 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Saint Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

15. Birthplace Unknown Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Lillie Powers.
(b) Address 8 W. Seder Webster Groves Mo.

17. (a) Burial (b) Date thereof Jan. 2nd, 40.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery.

18. (a) Signature of funeral director Ziegenhein, B. Prod.
(b) Address 2623 Cherokee Street.

19. (a) DEC 31 1939 (b) J. B. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____ 1
(c) City or town Saint Louis, 2
(If outside city or town limits, write "RURAL")
(d) Street No. 6727 Morganford Rd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30th,
year 1939. hour 4 minute _____ P. M.

21. I hereby certify that I attended the deceased from Nov 1, 1939, to Dec 30, 1939,
that I last saw him alive on Dec 30, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death Spontaneous cardiac dilatation
Chronic Myocarditis
Duration 2

Due to _____

Due to _____

Other conditions _____
(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 _____

23. Signature H. H. Schummert (M. D. or other) 1
Address 2623 Cherokee Street Date signed 1/1/40

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.

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

W E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

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, above space should be left blank.