

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.

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. 44680

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 2310

1. PLACE OF DEATH: (a) County St. Louis (b) City or town Richmond Heights (c) Name of hospital or institution: 1127 Boland Drive (d) Length of stay: In hospital or institution.

2. USUAL RESIDENCE OF DECEASED: (a) State Mo. (b) County St. Louis (c) City or town Richmond Heights (d) Street No. 1127 Boland Drive

3. (a) PRINT FULL NAME Elizabeth Warren (b) If veteran, name war None (c) Social Security No. None

MEDICAL CERTIFICATION 20. DATE OF DEATH: Month Dec. day 27 year 1939 hour 8 minute a. M.

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced S. 6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years

21. I hereby certify that I attended the deceased from Dec 24, 1939, to Dec 27, 1939, that I last saw her alive on Dec 26, 1939, and that death occurred on the date and hour stated above.

7. Birth date of deceased Unk., Unk., 1878 (Month) (Day) (Year) 8. AGE: Years 61 Months Unk. Days Unk. If less than one day hr. min.

Immediate cause of death. Acute Cardiac Dilatation 3 days

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country) 10. Usual occupation Nurse

Other conditions Chronic myocarditis 10 years (include pregnancy within 3 months of death)

11. Industry or business 12. Name William Warren 13. Birthplace Unknown (City, town, or county) (State or foreign country) 14. Maiden name Ellen Lawrence (City, town, or county) (State or foreign country) 15. Birthplace Ireland (City, town, or county) (State or foreign country)

Major findings: Of operations Of autopsy

16. (a) Informant's own signature Joseph Lawrence (b) Address 1127 Boland Drive 17. (a) Burial (b) Date thereof 12-29-39 (Month) (Day) (Year) (c) Place: burial or cremation Calvary

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?

18. (a) Signature of funeral director Arthur J. Honnelly (b) Address 3840 Lindell Blvd. 19. (a) DEC 28 1939 (Date received local registrar) (b) R. K. M... (Registrar's signature)

23. Signature Henry G. Harold (M. D. or other) Address 627 N. Grand Date signed 12-28-39

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**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 Stanley Marshall  
Licensed Embalmer No. 2868  
P. O. Address 3840 Lindell

**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.**