

No. 2  
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7-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **13415**

**MAY 15 1940**

Registration District No. ....

Primary Registration District No. ....

Registrar's No. **3617**

1. PLACE OF DEATH:

(a) County 1  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community LIFE  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 12  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5597 Lindell  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME ELIZABETH ALEXANDRIA PINGREE 52

3. (b) If veteran, name war none 3. (c) Social Security No. unknown

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife SAMUEL S. PINGREE 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased APRIL 4th 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 # 17 hr. min.

9. Birthplace ST. LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

12. Name JOSEPH MCKAY 4

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

14. Maiden name ISABELLA SUTHERLAND

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

16. (a) Informant SAMUEL J. PINGREE

(b) Address 5597 LINDELL BLVD

17. (a) CREMATION (b) Date thereof 4 - 23 - 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE CREMATORY

18. (a) Signature of funeral director C. R. Ruston Sons

(b) Address 7233 DELMAR BLVD

19. (a) APP 22 1940 (b) J. B. Budick  
(Date received local registrar) (Registered Embalmer)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21<sup>st</sup>  
year 1940 hour 8 minute 25 A.M.

21. I hereby certify that I attended the deceased from  
March 27, 1940, to April 21, 1940,  
that I last saw her alive on April 21, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the body of the uterus

Due to \_\_\_\_\_  
Due to Uremia

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy As above

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 M. Andersen (M. D. or other) \_\_\_\_\_  
Address BARNES HOSPITAL Date signed 4-21-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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

*Bradford 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.**