

5. No. 2  
-11-10-39  
5-17-39  
PI X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19895

State File No. \_\_\_\_\_

4843

Registration District No. 7-94 17 1940

Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Homer G. Phillips  
(If not in hospital or institution, write street name or location)  
(d) Length of stay: In hospital or institution 9 days (Specify whether  
In this community 9 months years, months or days)

8. (a) PRINT FULL NAME Lula Eldridge 436

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Thomas Eldridge 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased August 21st 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 9 10 hr. min.

9. Birthplace Guthrie Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed-Cook

11. Industry or business Private family

12. Name Bailey Winston

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

14. Maiden name Grace Merriweather

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

16. (a) Informant Thomas Eldridge has, Eldridge

(b) Address 1020 Chouteau

17. (a) Burial (b) Date thereof 6/3/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director: Chas J. Bates

(b) Address 4107 Finney Avenue

19. (a) JUN 3 1940 (b) J. F. Bredek  
(Date of burial or cremation) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 22  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1020 Chouteau  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 31  
year 1940 hour 2 minute 05 A.M.

21. I hereby certify that I attended the deceased from 5-22- 19 40, to 5-31- 19 40

that I last saw her alive on 5-31- 19 40  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma, Stomach, Primary About 9 Mos.  
Metastasis to liver and Intestines

Due to \_\_\_\_\_  
Due to Myoma, Uterus About 9 Mos.

Other conditions 46  
(Include pregnancy within 3 months of death)

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

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. J. Symon (M. D. or other) J  
Address 2601 N. J. Whittier Date signed 5-31-1940

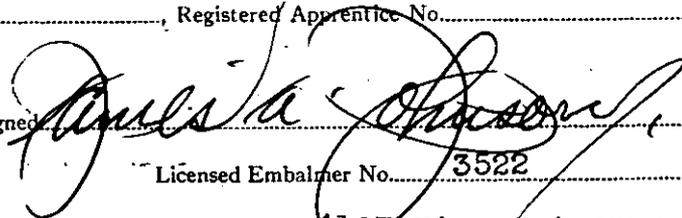
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

.....James A. Johnson....., Registered Apprentice No. ....  
working under my personal supervision.

Signed



Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

**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.**