DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33815

Registration District No. 701 — Primary Registration District No. 1003 — Registrar's No. 8512

DATE RECD NOV 16 1940

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis 26 (If outside city or town limits, write "RURAL")
(d) Street No. 1313a Monroe St (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Elizabeth Harris
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Logan
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 23, 1859 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	11	19	hr. min.

9. Birthplace Columbus, Ohio (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER / FATHER
12. Name Jacob Reeder
13. Birthplace Pennsylvania (City, town, or county) (State or foreign country)
14. Maiden name Phoebe Ferguson
15. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

16. (a) Informant Betty Ferguson
(b) Address 1313a Monroe
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/15/40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery
18. (a) Signature of funeral director L. V. McLaughlin
(b) Address 2301 Lafayette Ave
19. (a) OCT 15 1940 (Date received by registrar) (b) J. B. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12, year 1940 hour 3:05 minute P. M.
21. I hereby certify that I attended the deceased from October 6, 1940 to October 12, 1940, that I last saw her alive on October 12, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Pancreas.	
Due to: Ulcerative Colitis.	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Carcinoma of Pancreas. Ulcerative Colitis.	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature L. V. McLaughlin (M. D.)
Address 1515 Lafayette Avenue Date signed 10/14/40

(Licensed Embalmer's Statement on Reverse Side)

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 L. R. Chapman

Licensed Embalmer No. 26331

P. O. Address 2317 Lafa

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, fact should be so stated above.