

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

9041

1. PLACE OF DEATH:

(a) County.....
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of town) 11
(c) Name of hospital or institution:
Homer G. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 4 yrs years, months or days)

3. (a) PRINT FULL NAME LAVELNA ELMORE

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Conney, Elmore 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased December 18, 1900
(Month) (Day) (Year)

8. AGE: Years 39 Months 10 Days 13 If less than one day X hr. 45 min.

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

10. Usual occupation housewife

11. Industry or business None

12. Name William Henry Lewis

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

14. Maiden name unknown

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

16. (a) Informant Bonnie Elmore

(b) Address 3739 Cook Ave. St. Louis

17. (a) Burial (b) Date thereof 11/3/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton Mo.

18. (a) Signature of funeral director Boyd Bros.

(b) Address 3704 Finney Ave. St. Louis

19. (a) NOV 3 1940 (b) J. F. Brundage
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saint Louis City
City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3739 Cook Ave.
(If rural, give location)
(e) Foreign born Yes in U.S.A. 31 years

20. DATE OF DEATH: Month 10 day 31
year 1940 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....
that I last saw him alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Callus of Breast
Primary of Metastasis
of Lungs, Liver, Bones
and Pancreas

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Means of injury 5

23. Signature W. H. Lewis (M. D. or other)
Address 3704 Finney Ave. St. Louis Date signed 11/2/40

9561 8 2 NHD

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.....

Louis V. Atkins

Licensed Embalmer No.....

2842

P. O. Address.....

3644 Finneya

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, fact should be so stated above.