

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **10544**

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution: Park Lane Memorial 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 _____
years, months or days

3. (a) PRINT FULL NAME ELIZABETH DeWOLF

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

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

6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased September 13, 1898
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>3</u>	<u>8</u>	hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Richard Wilson

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

14. Maiden name Dont know.

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

16. (a) Informant James DeWolf

(b) Address 2837 Meramec St.

17. (a) Burial (b) Date thereof Dec. 24, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Allenton, Missouri

18. (a) Signature of funeral director J. H. Gibben & Co.
(b) Address 2842 Meramec St.

19. (a) DEC 23 1940 (b) J. W. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2837 Meramec St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21st
year 1940 hour 10 minute 50 P. M.

21. I hereby certify that I attended the deceased from Nov. 23, 1940, to Dec. 21, 1940;
that I last saw her alive on Dec. 21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Intake of Cocaine
due to it

Due to Primary site ovaries

Due to _____
Other conditions General Anemia
(Include pregnancy within 3 months of death)

Major findings: Of operations 49
Of autopsy _____

Duration _____
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) Manner of injury _____
23. Signature J. W. Bredich (Date received local registrar) _____
Address 4930 Pine St. St. Louis Date signed 12-21-40

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

MOTHER FATHER

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

Robert F. Lepton

Licensed Embalmer No. 4144

P. O. Address 2842 Meramec St.
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, fact should be so stated above.