

No. 2  
4-12-40  
1-17-39  
I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 4299  
Registrar's No. 267

REG FEB 14 1941  
Registration District No. 10784

Primary Registration District No. 300

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Overland  
(c) Name of hospital or institution: 2825-Jennypson Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
In this community 2.5 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Overland  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2825-Jennypson Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME ELIZA TANTON  
(b) If veteran, name war none  
(c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 1  
year 1941 hour 2:00 minute  M.  
21. I hereby certify that I attended the deceased from Feb. 1-  
1941, to Feb. 1-, 1941;  
that I last saw h. alive on Feb. 1-41, 1941;  
and that death occurred on the date and hour stated above.

4. Sex F  
5. Color or race W  
6. (a) Single, widowed, married, divorced W 2  
7. Birth date of deceased: Feb. 8 1865  
(Month) (Day) (Year)

Immediate cause of death Bronchial Pneumonia -  
From History  
Due to 93 D  
Due to Chronic Myocarditis  
Other conditions Chronic Myocarditis  
(Include pregnancy within 3 months of death)

8. AGE: Years 75 Months 01 Days 24 If less than one day hr. min.  
9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

MOTHER FATHER  
12. Name Herman Wolf  
13. Birthplace unknown Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Amelida Harys  
15. Birthplace unknown England  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations None  
Of autopsy None  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Thomas O. Stanton  
(b) Address 2825-Jennypson Overland, Mo.  
17. (a) Cremation (b) Date thereof 2-4-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Walhalla  
18. (a) Signature of funeral director Edmund Bros. Inc.  
(b) Address 2504 Woodson Overland, Mo.  
19. (a) FEB - 4 1941 (b) R. M. Meyer  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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 Roy A. Halibur (M. D. or other) MD  
Address 2438 Hudson Rd. Date signed 2-2-41

**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 *Carl L. Killerman*

Licensed Embalmer No. *3501*

P. O. Address *Overland, 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.**