No. 2
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X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4979

FILED MAR 25 1947

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1227

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 129

(d) Street No. 4952 Parkview (If rural, give location)

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

3. (a) PRINT FULL NAME ELIZABETH McDONALD

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 Widowed

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 61 Months Days If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Unknown 9

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

MOTHER 14. Maiden name Unknown

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

16. (a) Informant Mr. Herman Feldmann

(b) Address 1907 Utah St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 7, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation NewSS. Peter&Paul Cem.

18. (a) Signature of funeral director J H Gubert Lic. Ass. Co

(b) Address 2630 Gravois Ave.

19. (a) FEB 6 1941 (Date received local registrar) (b) J H Bridek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4th year 1941 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from January 30, 1941, to Feb 4, 1941, that I last saw her alive on Feb 4, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction (due to adhesions) caused by old operation probably hysterectomy — Duration 4 days

Due to Benign

Due to

Other conditions shock following operation (Include pregnancy within 3 months of death)

Major findings: Of operations as above

Of autopsy

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 William P Glennon (M. D. or other)

Address University Clb Bldg Date signed 2-6-41

(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 ME, Registered Apprentice No. _____ working under my personal supervision.

Signed Robert F. Lebben

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.