

No. 2
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FILED APR 2 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8713**
Registrar's No. **2123**

Registration District No. **791**

Primary Registration District No. **1003**

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

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:
2101a Keokuk St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether In this community 50 years years, months or days)

3. (a) PRINT FULL NAME Elizabeth Storz

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Leopold 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 15, 1868
(Month) (Day) (Year)

8. AGE:	Years <u>72</u>	Months <u>6</u>	Days <u>20</u>	If less than one day hr. _____ min.
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9. Birthplace Unknown 4 Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant John G. Storz

(b) Address 3710a S. Broadway

17. (a) Burial (b) Date thereof 3/7/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Walter Telders

(b) Address 2331 S. Broadway

19. (a) MAR 6 1941 (b) J. W. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1724
(If outside city or town limits, write "RURAL")

(d) Street No. 2101a Keokuk St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day March
year 1941 hour 10:30 minute A M.

21. I hereby certify that I attended the deceased from Feb 12, 1941, to March 4, 1941, that I last saw her alive on March 4, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Hypertension

Due to _____

Other conditions 17 2 0
(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? _____
(Specify type of place) (e) Means of injury _____

23. Signature R. Higgins (M. D. or other) 0

Address 2000 S. Broadway Date signed 3-4-41

Duration Years

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Frank J. Ryland.
Licensed Embalmer No. 2675
P. O. Address 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.