

462
S. No. 2
M-1-4-41
v. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23804

FILED AUG 28 1941 791

1003

Registrar's No. 6146

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 Days
(Specify whether _____)
In this community 8 yrs
years, months or days

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. 144 Russell
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1941 hour 2:15 minute A. M.
21. I hereby certify that I attended the deceased from July
6, 1941 to July 27, 1941
that I last saw her alive on July 27, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death ulcerative colitis
Duration _____

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

Major findings:
Of operations _____
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 Tom B. Dominick (M. D. or other) D
Address 1515 Lafayette Ave. Date signed 7/28/41

3. (a) PRINT FULL NAME Elizabeth Kramer

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

7. Birth date of deceased Feb 18 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 5 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business at home

12. Name Harry LaChance

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

14. Maiden name Alice Harris

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

16. (a) Informant Janette England

(b) Address 134 Spring

17. (a) burial (b) Date thereof 7-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Hope

18. (a) Signature of funeral director Janette England Co

(b) Address Michigan

19. (a) JUL 28 1941 (b) J. Bredsch
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

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17
9

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

Alvin E. Smith

Licensed Embalmer No. *1445*

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.