

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33221**
Registrar's No. **8176**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20 days**
(Specify whether
In this community **36 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**
(c) City or town **St. Louis,** **19**
(If outside city or town limits, write "RURAL") **22**
(d) Street No. **322 So. 23rd Street**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Eleanora Prince**

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

4. Sex **Female** 5. Color or race **Cal** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **unk** 6. (c) Age of husband or wife if alive **unknown** years

7. Birth date of deceased **February 8 - 1891**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	8	1	hr. _____ min. _____

9. Birthplace **unk** **Ala 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business _____

12. Name **William Owens**

13. Birthplace **unk** **Ala 1**
(City, town, or county) (State or foreign country)

14. Maiden name **Laura Jones**

15. Birthplace **unk** **Ala 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Everett Davidson**

(b) Address **2700 Bamble St.**

17. (a) **Burial** (b) Date thereof **10-14-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cemetery**

18. (a) Signature of funeral director **J. Handley Son**

(b) Address **3133 Bell Ave**

19. (a) **OCT 14 1941** (b) **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **9**, 19**41**
year _____ hour **3:20** minute **A.** M.

21. I hereby certify that I attended the deceased from **September 20,**
19**41** to **Oct. 9,** 19**41**;
that I last saw her alive on **October 9,** 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of left breast**
Duration **6 mos.**

Due to _____
Due to _____

Other conditions _____
(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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **W. E. A. Ford** (M. D. or other) _____
Address **2601 N. Whittier,** Date signed **10-10-41**

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.....

Licensed Embalmer No. *2698*

P. O. Address *2769 Choutan ave*

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.