V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 26087

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6862

**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: 3454 Crittenden St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 38 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 16 000 17 9

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

(d) Street No. 3454 Crittenden St.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ELIZABETH B NEVIUS

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race white

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband or wife Frazier W. Nevius

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

7. Birth date of deceased 7 (Month) 28 (Day) 1854 (Year)

8. AGE: Years 88 Months 0 Days 15 If less than one day hr. min.

9. Birthplace New Castle (City, town, or county) Indiana 1 (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Dr. John Burch
13. Birthplace Cumberland (City, town, or county) Md. 1 (State or foreign country)

MOTHER
14. Maiden name Rebecca Elder
15. Birthplace New Castle (City, town, or county) Ind. 1 (State or foreign country)

16. (a) Informant Mrs Hadley Ray
(b) Address 3454 Crittenden St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 15 (Day) 1942 (Year)
(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd

19. (a) AUG 14 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)
844

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug. day 13
year 1942 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Apr. 6-42, 19 to Aug 13, 1942
that I last saw her alive on 8/8/42, 19
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Acute Myocarditis | 5 days. |
| Due to Chronic Cardio-nephritis | about 3-yrs. |
| Due to — | |
| Other conditions — (Include pregnancy within 3 months of death) | |
| Major findings: Of operations — | |
| Of autopsy no | |

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 E. C. Vernon (M. D. or other) M.D.
Address 2901 Big Bend Date signed 8/14/42

(Licensed Embalmer's Statement on Reverse Side)

E.E. Tremain
2901 Big Bend - Hu 2559
10 to 1

## 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 Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

**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.**