

FILED FEB 3 1943

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **698**

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:
2415 N. 9th St. (Rear) /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether
 In this community Unknown
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. 2415 N. 9th St. (Rear)
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Angally
 3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Not mentioned 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 15, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 7 7 _____ hr. _____ min.

9. Birthplace Cario Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name William T. Farley
 { 13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)
 { 14. Maiden name Elsie Young
 { 15. Birthplace Decatur Ala. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Josephine Fitzgerald
 (b) Address 2415 N. 9th St. (Rear)

17. (a) Burial (b) Date thereof 1/25/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son
 (b) Address 2161 East Fair Ave

19. (a) JAN 24 1943 J. F. Buddeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22nd
 year 1943 hour 4:35 PM minute _____ M.

21. I hereby certify that I attended the deceased from 1-1-43 to 1-21-43
 that I last saw h. ex alive on 1-21-43
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to _____

Due to _____

Other conditions 101
(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) or by means of injury

23. Signature Chas J. Par (M. D. or other) _____
 Address 3519 W. 1st Date signed 1-23-43

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

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..... *Francis A. Williamson*

Licensed Embalmer No. *3365*

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.