

APR 15 1943

Registration District No. **784**

Primary Registration District No. **200**

Registrar's No. **603**

1. PLACE OF DEATH:
 (a) County **St. Louis**
 (b) City or town **Lemay**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
317 Carthage
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)
 In this community **30 Days**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **St. Louis**
 (c) City or town **Lemay**
(If outside city or town limits, write "RURAL")
 (d) Street No. **317 Carthage**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... **0**

3. (a) PRINT FULL NAME **Elizabeth Calvin**
 3. (b) If veteran, name war.....
 3. (c) Social Security No.

4. Sex **Female** 5. Color of race **White** 6. (a) Single, widowed, married, divorced..... **Married**
 6. (b) Name of husband or wife..... **Bird** 6. (c) Age of husband or wife if alive..... **77** years
 7. Birth date of deceased **May 3, 1876**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 **10** **9** hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **317 Carthage**

12. Name **Eliot Oxley**

13. Birthplace **Indiana** (State or foreign country)

14. Maiden name **Elizabeth Stockwell**

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

16. (a) Informant **Bird Calvin**

(b) Address **317 Carthage**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3 16 43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Summit**

18. (a) Signature of funeral director **Fendler Und. Co.**

(b) Address **7420 Michigan Avenue**

19. (a) **MAR 17 1943** (Date received local registrar)

(b) **E. M. L...** (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **March** day **12**
 year **1943** hour **4:55** minute **P** M.

21. I hereby certify that I attended the deceased from **Mar 11**
 19**43**, to **Mar 11** 19**43**
 that I last saw her alive on **Mar 11** 19**43**
 and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of the colon with metastasis

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) (2) Means of injury.....

23. Signature **J. G. White** (M. D. or other)

Address **758 Lemay Ferry Rd** Date signed **3-15-43**

Duration **6 yrs**
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

76000

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..... *Oliver E. Fendler*.....
Licensed Embalmer No..... *4148*.....
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.