

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

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201410

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

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: Luthern Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 months  
In this community 10 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis, 0097  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4063 Shenandoah 17  
(If rural, give location)  
(e) Citizen of foreign country? -- 9 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth A. Todd

3. (b) If veteran, name war -- 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Joseph Todd 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 26, 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 0 26 hr. \_\_\_\_\_ min.

9. Birthplace West Virginia 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name Unknown  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar Tallman

(b) Address 4063 Shenandoah

17. (a) Burial (b) Date thereof 6 25 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Stacher-Welters Undert. Co.

(b) Address 3634 Gravois Ave.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22  
year 1943 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 2 1943, to June 22 1943  
that I last saw alive on June 22 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
General Arterio-Sclerosis (small)

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 St. Louis Schuchat (M. D. or other) 0  
Address 2200 Chouteau Ave Date signed 6-23-43

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

*[Handwritten scribbles and illegible text]*

**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..... *Robert Wheeler* .....

Licensed Embalmer No. *2178* .....

P. O. Address..... *Stam...* .....

**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.**