

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33449

FILED OCT 22 1943

Registration District No. 318

Primary Registration District No. 1023

State File No. _____

Registrar's No. 8984

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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days
(Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 17

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

(d) Street No. 1916 a North Grand
(If rural, give location)

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

3. (a) PRINT FULL NAME Elsie May Rambo

3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-07-8459

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

6. (b) Name of husband or wife Elware Rambo 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 23, 1887
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|-------------------------------------|-----------|----------|-----------|----------------------|
| <input checked="" type="checkbox"/> | <u>56</u> | <u>8</u> | <u>17</u> | hr. _____ min. |

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

10. Usual occupation Waitress

11. Industry or business Restaurant Narveys

12. Name John Lowe

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

14. Maiden name Dont know

15. Birthplace Dont Know
(City, town, or county) (State or foreign country)

16. (a) Informant Wilda Persinger
(b) Address 1916 N. Grand Ave.

17. (a) Burial (b) Date thereof Oct. 13/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thos. J. Finan
(b) Address 1519 S. Grand Blvd.

19. (a) OCT 12 1943 (b) J. F. Bredeck
(Date received local authority) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10, year 1943 hour 8:45 minute P. M.

21. I hereby certify that I attended the deceased from October 2, 1943 to October 10, 1943.
that I last saw her alive on October 10, 1943:
and that death occurred on the date and hour stated above

Immediate cause of death Lar advanced carcinoma of cervix

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations none
Of autopsy refused

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 0

23. Signature R. H. Lyon (M. D. or other) _____
Address 1515 Lafayette Ave. Date signed 10/11/43

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

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

William J. Lyons

Licensed Embalmer No.

4319

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.