

S. No. 2
M-5-43
5-17-43
I X 8

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33613

State File No. _____

FILED NOV 10 1943 318

Registration District No. _____ Primary Registration District No. 100's

Registrar's No. 9579 ✓

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Luke's Hospital
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 999 Morgan

(a) State Illinois (b) County 11

(c) City or town Waverly
(If outside city or town limits, write "RURAL") **NR.**

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Elizabeth Ann True

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29
year 1943 hour 4 minute 05 P. M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Willis True

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased February 3, 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-17-43 to 10-29-43
that I last saw h. alive on 10-29-43
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

53 8 26 hr. _____ min.

Immediate cause of death: Summary of Death
Malignant

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 5K

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Cary Jennings

13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Unknown

15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

Major findings: Same

Of operations _____

Of autopsy _____

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

16. (a) Informant Mildred Jones

(b) Address Girard, Illinois

17. (a) Removal (b) Date thereof 10/30/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sorento, Illinois

18. (a) Signature of funeral director Albert H. Hoppe Inc.
4700 Washington Blvd.

(b) Address NOV 1 1943

19. (a) NOV 1 1943 (b) J. P. Budeck
(Date received local registration) (Registrar's signature)

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 J. P. Budeck (M. D. or other) _____
Address 4952 Maryland Ave Date signed 10/30/43

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

9579
6296

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. 1861
working under my personal supervision.

Signed Arthur S. Hopper
..... Licensed Embalmer No. 1861

..... P.O. Address.....

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.