

LED JAN 20 1944 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

140

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3306a Easton Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 74 yrs., 7 mos., 22 das.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 3306a Easton Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Elizabeth Packer

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Fred Backer 6. (c) Age of husband or wife if alive 12 years
7. Birth date of deceased (Month) 5 (Day) 12 (Year) 1869

8. AGE: Years 74 Months 7 Days 22 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

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

16. (a) Informant Lillian Porter
(b) Address 5346 Cote, Brilliant.

17. (a) Burial (b) Date thereof 1-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Peter's Paul's Cem.

18. (a) Signature of funeral director Joseph P. Bodley
(b) Address 2228 St. Louis, Av.

19. (a) JAN 6 1944 (b) J. J. Brubek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4
year 1944 hour 8:05 P.M. minute..... M.

21. I hereby certify that I attended the deceased from January 1, 1944 to Jan 4, 1944
that I last saw her alive on Jan 4, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolus Duration 1 hr.

Due to Myocardial Insufficiency
Auricular Fibrillation
Due to Cardio-Vascular Renal
Disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

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?

23. Signature James J. Paterno (Specify type of place) (e) Means of injury.....
Address 1931 Madison Date signed 1/6/44
(M. D. or other) MD

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

Marie A. Cashion

Licensed Embalmer No.

3949

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.