S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 18 1944

State File No. 5074

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1357

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Jennings
(If outside city or town limits, write "RURAL")

(d) Street No. 2431 Akins Dr.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

NR

3. (a) PRINT FULL NAME Blanche W. Elworthy

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Fred M. Elworthy

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased August 30, 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	5	10	hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name George Etling
13. Birthplace Unknown (City, town, or county) Holland (State or foreign country)

MOTHER
14. Maiden name Belle Johnson
15. Birthplace Unknown (City, town, or county) England (State or foreign country)

16. (a) Informant Fred M. Elworthy
(b) Address 2431 Akins Dr. Jennings, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/44 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) FEB 11 (Date received local registrar) (b) 1944 J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9th.
year 1944 hour 9:30 AM minute M.

21. I hereby certify that I attended the deceased from 12-20, 1943, to 2-9, 1944
that I last saw her alive on 2-8, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Toxic Myocarditis

Due to Gangrene of Rt lower extremitity

Due to

Other conditions Generalized Arteriolosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

93a

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature W. E. Moore (M. D. or other) MD

Address 7301 Natural Bridge Date signed 2-10-44

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford G Burnley

Licensed Embalmer No. 4202

P. O. Address Hollows 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.