

S. No. 2
M-2-43
5-17-39
X3567

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9505

State File No. _____

FILED MAR 27 1944 18

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2698

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:
4828 Hammett Pl.
(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:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4828A Hammett Pl.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elsie Rene Stretch

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clyde Stretch 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Aug. 13 1902
(Month) (Day) (Year)

8. AGE: Years 41 Months 7 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name John Helm
13. Birthplace Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Mary B. Webster
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde Stretch

(b) Address 4828A Hammett Pl.

17. (a) Burial (b) Date thereof 3-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) MAR 21 1944 (b) J. F. Busch
(Date received local filing) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 19
year 1944 hour 8 minute 05 P.M.

21. I hereby certify that I attended the deceased from Dec 1943, to March 1944,
that I last saw her alive on March 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to Arteriosclerosis
carcinomatous

Other conditions HA
(Include pregnancy within 3 months of death)

Major findings: Adeno-carcinoma of ovary w/ none performed

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature Orman S. Lodge (M.D. or other) _____
Address 428 Humboldt Blvd. Date signed 3/21/44

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

Dr. O. S. Budge
Humboldt Bldg. (Je. 4980)

12:30 To 2 P.M.

Budge

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 *Warren A. Carver*

Licensed Embalmer No. *3534*

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.