

V. S. No. 2
FORM-8-43
Rev. 5-17-39
I X37723

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23054

FILED AUG 14 1948

Registration District No.

Primary Registration District No.

Registrar's No. 6788

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

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:
Christian Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days
In this community 68 Years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Elizabeth Harles

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, Widowed

6. (b) Name of husband or wife William Harles

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

7. Birth date of deceased: Nov. 14, 1841
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
102	8	17	hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER {

12. Name Rudolph Uhlenbrock

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Henry Eifert

(b) Address 4036 Carter Ave.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 8/4/44
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. J. Brudbeck

(b) Address 2117 E. Grand Blvd.

19. (a) AUG 3 1944 (Date received local registrar)

J. J. Brudbeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12

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

(d) Street No. 4036 Carter Ave.
(If rural, give location)

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

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1
year 1944 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from 7-20 1944 to 8-1-44 1944
that I last saw her alive on 8-1-44 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Senilit.
Arteriosclerosis.

Due to arteriosclerosis

Due to arteriosclerosis

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

Major findings: Of operations arteriosclerosis

Of autopsy arteriosclerosis

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) 000

(b) Date of occurrence 7-13-44

(c) Where did injury occur? Home.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Fracture femur - Right. Home.
(Specify type of place) (e) Means of injury

While at work? 0

23. Signature Geo A. Mellis (M. D. or other)

Address 2739 N. Grand Date signed 8-2-44

644 (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..... *Frank A. Moore*

Licensed Embalmer No. *3041*

P. O. Address *2117 E. Grand*

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.