

FILED DEC 12 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38763

State File No.

Registration District No. 37

Primary Registration District No. 3070

Registrar's No. 2415

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Glenwood Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 years
In this community 69 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")
(d) Street No. 1418 Rock Hill Road 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) N
If yes, name country

3. (a) PRINT FULL NAME Elizabeth B. Espy

3. (b) If veteran, name war no 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 James Columbus Espy 6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased 4 19 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 12 If less than one day
hr. min.

9. Birthplace Richmond Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

MOTHER FATHER { 12. Name William Pendleton Cullen
13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Pattaile
15. Birthplace Bowling Green Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. MacDonald
(b) Address 1418 Rock Hill Road

17. (a) Burial (b) Date thereof 11 28 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Alexander's Sons

(b) Address 6175 Delmar Boulevard

19. (a) DEC 1 1944 (b) E. B. McLaughlin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27th
year 1944 hour 7 minute 20 P. M.

21. I hereby certify that I attended the deceased from Jan: 25th 1936 to Nov. 27th 1944
that I last saw her alive on Nov. 27th 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus Duration ?

Due to 61
Due to

Other conditions General arteriosclerosis ?
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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 0
23. Signature Paul James M.D. (M. D. or other)
Address 1300 Grant Rd. Date signed 11-27-44

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

4 SEP 29 1948

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.....

Thomas R. Fenwick

Licensed Embalmer No.....

3793

P. O. Address.....

St. Louis, Mo
2175 Alma

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.