

S. No. 2  
—8-43  
5-17-39  
X37823

Registration District No. **318**

Primary Registration District No. **1003**

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:  
1821 N. Leffingwell  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 70 years (Specify whether  
In this community 70 years years, months or days)

3. (a) PRINT FULL NAME Mrs. Eliza Dane

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 late David Thomas Dane

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

7. Birth date of deceased August 20th. 1874  
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 3 If less than one day  
hr. min.

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

10. Usual occupation housework

11. Industry or business

12. Name Yance Shipp

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Virginia Allen

(b) Address 1821 N. Leffingwell

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

(b) Date thereof 12-26-44 (Month) (Day) (Year)

(c) Place: burial or cremation Leadwood Cemetery, Mo.

18. (c) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) DEC 26 1944 (Date received local registrar)

(b) J. F. Bredbeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 1821 N. Leffingwell  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23rd  
year 1944 hour 4:00 PM. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec 22 to Dec 23  
and that I last saw her alive on Dec 22 and that death occurred on the date and hour stated above. 1944

Immediate cause of death Arteriosclerosis.

Myocardial Regurgitation

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 97

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:

(c) 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 J. F. Bredbeck (M. D. or other) MD

Address Little S. Grand Date signed 12/24/44

**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 John P. Buchholz  
Licensed Embalmer No. 1674  
P. O. Address 2223 St. Louis Ave

**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.**