

FILED DEC 29 1944

1003

Registration District No. _____

Primary Registration District No. _____

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:
5104 N. Kingshighway
(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)

3. (a) PRINT FULL NAME Elizabeth Florence Upham

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 Single

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

7. Birth date of deceased Nov. 15 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 1 6 hr. _____ min.

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

10. Usual occupation Time Clerk

11. Industry or business United Drug Co.

MOTHER FATHER { 12. Name Charles G. Upham 4
13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Emma Taylor 11
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant James F. Upham
(b) Address 5104 N. Kingshighway

17. (a) Removal (b) Date thereof 12-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boston Mass.

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

(b) Address 1905 Union Blvd.

19. (a) DEC 21 1944 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County War
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5104 N. Kingshighway
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
year 1944 hour 3 minute 20 A. M.

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

Immediate cause of death
Metastatic carcinoma of lungs -
Due to Secondary to carcinoma of left breast
Due to _____

Duration

1 year.

3 years

Other conditions
(Include pregnancy within 3 months of death) 50

Major findings:
Of operations Radical breast removal (left) 2 1/2 yrs. ago
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:

(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 Reuben M. Smith (M. D. examiner)
Address 414 S. 50 Grand Date signed 12/21/44

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

4145 S. Grand Blvd.
After 3 P.M. Thursday

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.