

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2049**

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:  
4016 Shaw Blvd  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community 40 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4016 Shaw Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Elva W. Dugger

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Wellford E 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased November 27 1880  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days     | If less than one day |
|---------|-----------|----------|----------|----------------------|
|         | <u>65</u> | <u>3</u> | <u>1</u> | hr. _____ min.       |

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Joseph Whittaker

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

14. Maiden name Jane Paris

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

16. (a) Informant W. E. Dugger Husband

(b) Address 4016 Shaw Blvd

17. (a) Removal (b) Date thereof March 2 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation College Hill Lebanon Ills

18. (a) Signature of funeral director Petz Funeral Home

(b) Address 3029 Lafayette Ave

19. (a) MAR 1 1946 (Registrar's signature) J. F. Bredek

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28th  
year 1946 hour 7:15 minute A M.

21. I hereby certify that I attended the deceased from April 1938  
to 1938 to Feb. 24 1946  
that I last saw her alive on Feb. 24  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 8 wks.

Due to Arteriosclerosis, generalized

Due to.....

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

Major findings: None performed.

Of autopsy None performed.

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 J. F. Bredek (M. D. or other).....

Address 607 N. Grand St. St. Louis, Mo

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

MOTHER FATHER

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 J. Downs

Licensed Embalmer No. 2245

P. O. Address At Home Mo

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.