S. No. 2
M—5-43
r. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 29 1946

State File No. 14417

Registration District No. 377 Primary Registration District No. 6076 Registrar's No. 923

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Riverview Gardens
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 10057 Dorothy Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Riverview Gardens 0
(If outside city or town limits, write "RURAL")
(d) Street No. 10057 Dorothy Ave. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Elenora Read

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 Orrin Read

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

7. Birth date of deceased April 17, 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	0	5	..... hr. ..... min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Henry Denner
13. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Risch
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edith Kaufman
(b) Address 10057 Dorothy Ave.

17. (a) Burial (b) Date thereof Apr. 25, 1946.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge Blvd.

19. (a) 4-26-46 (b) E.G. McGarrah M.D.
(Date received local registrar) (Registrar's signature) MSW

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22nd
year 1946 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1, 1946, to Apr 22, 1946,
that I last saw her alive on Apr. 22, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary expansion — Duration 1 hr
Due to acute indigestion, — 4 hrs
Astered sclerosis —
Due to 830
Other conditions
(Include pregnancy within 3 months of death)

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:
(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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature W. A. Aughtrod (M. D. or other)
Address 8701 N. Broadway Date signed 4/24/46

(Licensed Embalmer's Statement on Reverse Side)

8201 N. Broadway
10-1 3-5 7-8

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 Ralph C. Linden

Licensed Embalmer No. 4275

P. O. Address St. Louis, 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.