

Registration District No. 318

Primary Registration District No. 1003

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:
3647 Page Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)
In this community 30 years

3. (a) PRINT FULL NAME ELIZABETH VINING

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Apr. 12 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 1 10 hr. min.

9. Birthplace Haywood Co. Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ---

12. Name Unknown
13. Birthplace Haywood Co. Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Edmonia Williams
15. Birthplace Haywood Co. Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie Caviness
(b) Address 3647 Page Blvd.

17. (a) Burial (b) Date thereof 5-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) May 27 1946 (b) J. F. Bredeck
(Date received at local registrar) (Registrar's signature)

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. 3647 Page Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd
year 1946 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 6th 1946 to May 22nd 1946
that I last saw him alive on May 21st 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma Esophagus
Duration Unknown

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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 William Baron (M. D. or other) M.D.
Address 3601a S. Jefferson Date signed 5-23-46

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.....

.....Thomas J. Gates....., Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney 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.