

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

19038
 State File No. _____
 Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4048**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**
 (b) City or town **St. Louis, Missouri**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4259 Connecticut
 (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

3. (a) PRINT FULL NAME **Elizabeth Weasels**

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 **Single**

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

7. Birth date of deceased **March 24, 1871**
 (Month) (Day) (Year)

8. AGE: Years **75** Months **1** Days **7** If less than one day _____ hr. _____ min.

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

10. Usual occupation **none**

11. Industry or business _____

12. Name **Unknown**

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

14. Maiden name **do**

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

16. (a) Informant **Miss Mayme Ramsay**

(b) Address **4259 Connecticut**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **5/4/46**
 (Month) (Day) (Year)

(c) Place: burial or cremation **Old SS Peter & Paul**

18. (a) Signature of funeral director **Oscar J Hoffmeister**

(b) Address **4016 Chippewa**

19. (a) **MAY 4 1946** (b) **J. F. Brodeur**
 (Date received local registrar) (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. **4259 Connecticut**
 (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 **1**
 year **1946** hour **11** minute **A** M.

21. I hereby certify that I attended the deceased from **Aug 22 44**
 _____, 19____ to _____, 19____

that I last saw her alive on **Apr. 30**
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Myocarditis & Mitral Stenosis **2 yrs**

Due to **Hyperthrombosis** **Spit Rnd**

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 **Walter Eidman** (M. D. or other)

Address **346 Morganford** Date signed **5-3-46**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD
 1946

4048

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..... *W. Wilkins*

Licensed Embalmer No..... *3575*

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.