

FILED AUG 5 1946

Registration District No. 818

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: Jewish Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 Days  
(Specify whether \_\_\_\_\_)  
In this community: 7 Days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison  
(c) City or town Cottage Hills  
(If outside city or town limits, write "RURAL")  
(d) Street No. Williams St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 2  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24  
year 1946 hour 6 minute 40

21. I hereby certify that I attended the deceased from 7-17-46 to 7-24-46 1946  
that I last saw h. alive on 7-23-46 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Primary carcinoma  
Due to Gen. Carcinomatosis

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: Brassey  
Of operations: \_\_\_\_\_  
Of autopsy: no  
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 \_\_\_\_\_  
23. Signature: [Signature] (M. D. or other) \_\_\_\_\_  
Address: Madison Date signed: 7/27/46

3. (a) PRINT FULL NAME Elsie Pauline Main

3. (b) If veteran, name war None 3. (c) Social Security No. 346-14-2833

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

6. (b) Name of husband or wife Gilbert Dewey Main 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased October 10 1899  
(Month) (Day) (Year)

8. AGE: Years 46 Months 8 Days 14  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Joe Page

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

14. Maiden name Laura Johnson

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

16. (a) Informant Dewey Main

(b) Address Cottage Hills, Ill

17. (a) Burial (b) Date thereof July 27, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethalto, Illinois

18. (a) Signature of funeral director Robert H. Streep

(b) Address 2521 Edwards St, Alton, Ill.

19. (a) JUL 26 1946 (b) J. F. Beebeck  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
24256

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**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.....

*Robert H. Staeger*

Licensed Embalmer No. *2474*.....

P. O. Address..... *Alton, Ill.*

**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.**