

UNITED STATES HEALTH DEPARTMENT
STANDARD CERTIFICATE OF DEATH

34940

State File No.

FILED NOV 7 1946

1003

Registrar's No. 9111

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5861 Cates (Bernard Nursing Home)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Elizabeth S. Bland

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

4. Sex Female 5. Color or race White

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 March 23, 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

90	7	0	_____ hr. _____ min.
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9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

12. Name Charles Bayha

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

14. Maiden name Mary McClure

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

16. (a) Informant Alice B. Trowbridge

(b) Address 1145 Lawn

17. (a) Burial (b) Date thereof 10/25/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) OCT 24 1946 J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County D. St.

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1145 Lawn
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23
year 1946 hour 4.30 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from July 11, 1946 to Oct 24, 1946
that I last saw her alive on Oct 22, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis.

Due to chronic cardiac valvular disease

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Duration

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? _____

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

23. Signature Harry M. Wese (M. D. or other) _____
Address 2301 S. Kings Highway Date signed 10/24/46

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

33762

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..... *Henry Eymck*.....

Licensed Embalmer No. *1284*.....

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.