

S. No. 2
DM-5-43
v. 5-17-39
I X36671

35451

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 7 1946
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. **9257**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(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:
1915 Blair Av.
(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

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. **1915 Blair Av.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Eliza Alzaida New**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
alive _____ years
7. Birth date of deceased **about 1874**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____
about 72 hr. _____ min.

9. Birthplace **Vincennes Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry, or business _____

MOTHER FATHER

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Carl Clifford Woodall**

(b) Address **4164a Pleasant Street**

17. (a) **Burial** (b) Date thereof **10/31/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Picker Cemetery**

18. (a) Signature of funeral director **Wm B. Russell**

(b) Address **1926 Allen Av.**

19. (a) **OCT 29 1946** (Date received local registrar)
J. F. Bredbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **27**
year **1946** hour **6** minute **0** P. M.

21. I hereby certify that I attended the deceased from **June 14**, 1946, to **Oct 25**, 1946
that I last saw him alive on **Oct 20**, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**
Duration **some yrs.**

Due to _____

Due to _____

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? _____

While at work _____ (Specify type of place) _____
(e) Means of injury **0**

23. Signature **Walter D. Smith** (M. D. or other) _____

Address **1502 Ches St** Date signed **10/29/46**

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

34233

FEB 6 1947

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Berg J. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

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.