

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 16 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38569

State File No.

Registrar's No.

10412

Registration District No. 318

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days
(Specify whether
In this community 20 yrs years, months or days)

3. (a) PRINT FULL NAME Katie Elders

3. (b) If veteran,
name war.

3. (c) Social Security
No.

4. Sex female 5. Color or race col
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 not known
(Month) (Day) (Year)

8. AGE: Years About 54 Months Days If less than one day
hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

12. Name William Alexander

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

14. Maiden name Mammie Bowen

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

16. (a) Informant Katie White

(b) Address 3138 Hickory

17. (a) Burial (b) Date thereof 12-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. F. Prescott

(b) Address 2769 Chateaufort

19. (a) DEC 5 1946 (b) Registrar's signature J. F. Prescott

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. 1203 S Cardinal
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30
year 1946 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from 11-30 to 11-30 1946;
that I last saw her alive on Nov. 30 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix with Metastasis
Duration Undet.

Due to

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 C. H. Hancock (M. D. or other)

Address 2601 N Whittier St. Date signed 12/3/46

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.....

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

Signed:

Licensed Embalmer No. *2698*

P. O. Address: *2769 Chouteau*

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.