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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19206

FILED JUN 5 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5287

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: De Paul Hospital
(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. 4926 Labadie Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elsa M. Oliver
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 married
6. (b) Name of husband or wife Albert R. Oliver
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 8 (Month) 6 (Day) 1883 (Year)

8. AGE: Years 63 Months 9 Days 19 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name John Reeves
13. Birthplace (City, town, or county) Virginia (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Albert R. Oliver
(b) Address 4926 Labadie Ave.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/28/47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) MAY 27 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1947 hour minute M.

21. I hereby certify that I attended the deceased from April 10, 1947, to May 25, 1947; that I last saw h. alive on 25 May, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Generalized carcinoma of the breast!	
Due to: above!	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Generalized carcinoma, due to the breast. carcinoma
Of autopsy

PHYSICIAN — Underline the cause of 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 H. O. Schrepel (M. D. or other)
Address 4952 Maryland, City 8 Date signed 5/26/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) H. O. Schrepel

4852 Maryland

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 Albert R. Thompson Jr

Licensed Embalmer No. 4237

P. O. Address St Louis

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.