

S. No. 2
M-5-43
7-5-17-39
I X36671

FILED JUL 7 1947

Registration District No. **209**

Primary Registration District No. **3043**

Registrar's No. **247**

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

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Harrison
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. ELIZABETH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Dy (Specify whether years, months or days)

3. (a) PRINT FULL NAME Elizabeth L. Till

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 FRANK 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 14 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 - 14 hr. min.

9. Birthplace East St. Louis (City, town, or county) Ill (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Michael Berg

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

14. Maiden name Hera

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

16. (a) Informant Frank Till

(b) Address 2614 Hope Harrison MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director James O'Donnell

(b) Address Harrison MO

19. (a) June 30 47 (Date received local registrar) (b) A. E. M. Lukey (Registrar's signature) 1947

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Harrison (If outside city or town limits, write "RURAL")
(d) Street No. 2614 Hope St (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1947 hour _____ minute 2:35 P.M.

21. I hereby certify that I attended the deceased from Jan 1 1947 to May 28 1947
(that I last saw him alive on May 28 1947 and that death occurred on the date and hour stated above.)

Immediate cause of death Cerebral hemorrhage Myocarditis Duration ?

Due to Hypertension ?

Due to _____

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

Major findings: Of operations \$3A

Of autopsy _____

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? 0

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

23. Signature [Signature] (M. D. or other) _____

Address [Address] Date signed _____

Aug 4 - 47

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 H. M. O'Spinnell

Licensed Embalmer No. 3889

P. O. Address Hannibal 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.