

S. No. 2
DM-8-13
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29009

State File No. _____

FILED SEP 2 1947
318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 790

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: St. Luke's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 weeks
(Specify whether _____)

In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")

(d) Street No. 313 Fairlawn 4
(If rural, give location)

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

3. (a) PRINT FULL NAME Laura Augusta Brock Elder

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F.

5. Color or race W.

6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Truman Elder

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Mar. 19 195 1886
(Month) (Day) (Year)

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

61 6 10 _____ hr. _____ min.

9. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Name Thomas A. Brock

Birthplace Elsa, Ills (Jersey County) 1
(City, town, or county) (State or foreign country)

Maiden name Julia Sloan

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

(a) Informant Truman Elder

Address 313 Fairlawn, Webster Groves, Mo.

burial (b) Date thereof Aug. 18-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

(d) Signature of funeral director Alexander Sone

(e) Address 6175 Delmar

(f) AUG 16 1947 (g) J. F. Bredeck
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15
year 1947 hour 12 minute 23 A. M.

21. I hereby certify that I attended the deceased from July 1 1947 to August 14 1947
that I last saw her alive on August 14 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia, and cachexia Duration 4 days

Due to Carcinoma of the ovary, multiple 5 mo.

Due to Carcinoma of the ovary 2 yrs

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

Major findings: Of operations Carcinoma of ovary & general metastases

Of autopsy Same, plus bronchopneumonia

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 David Nafe Kerr (M. D. or other) MD

Address 4500 Olive Street Date signed 8-15-47

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

MOVED TO THE CITY OF ST. LOUIS

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 Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address 6175 Belmont

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.

State of Missouri
City of St. Louis } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. _____
Local Registrar's No. 7790

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 15th day of September, 1947, before me appears
Truman Elder, who, upon his oath, states that the original record of

for Laura Augusta Brock Elder died August 15, 1947, in the State of
Missouri, and which was filed at St. Louis, Mo. on Aug 15th, 1947, should be corrected as follows:

Item No. 12 should read January 19, 1886
Instead of May 5th, 1886

Item No. _____ should read 61-6-16
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant

Truman Elder Informant
Relationship.

X 313 Fairlawn - Webster Groves Mo
Present Address.

Subscribed and sworn to before me this 15th day of Sept, 1947.

My Commission expires Oct 31, 1949 M. H. Alexander Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-29007