S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 13 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31660

Registration District No. 760 — Primary Registration District No. 5592 — Registrar's No. 71

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

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Herculaneum, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓ / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 4 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 50

(a) State Missouri (b) County Jefferson

(c) City or town Herculaneum, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. School Street (If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME Eleanor Evelyn Todd

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 Lewis Otto

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased April 24, 1913 (Month) (Day) (Year)

8. AGE: Years 34 Months 4 Days 25 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housework

11. Industry or business own home

FATHER
12. Name Wm. Farmer
13. Birthplace unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Mary Kelly
15. Birthplace Charleston (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Lewis Otto Todd

(b) Address Herculaneum, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 21, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis County

18. (a) Signature of funeral director Evelyn R. Pollitte

(b) Address Crystal City, Mo.

19. (a) Sept 20, 1947 (Date received local registrar) (b) Alvora Bellevilla (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19 year 1947 hour 4 minute 00 A.M.

21. I hereby certify that I attended the deceased from 10/21/46 / 19.... to 9/19 1947 that I last saw her alive on 9/19 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Breast	5 yrs
Due to metastasis to ribs lungs + liver	8 mo
Due to	
Other conditions None (Include pregnancy within 3 months of death) 50	

Major findings: Of operations Carcinoma of Breast

Of autopsy None

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) 0

While at work? 0 (e) Means of injury

23. Signature Dr. E. Penn (M. D. or other) MD

Address Herculaneum, Mo. Date signed 9/19/47

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

MAR 30 1948

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10-10-42

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 Gentry R. Pollitt

Licensed Embalmer No. 348

P. O. Address Crystal City

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.