

FILED OCT 29 1947
Registration District No. 1

Primary Registration District No. 3070

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
410 Lennore Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether 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") 4

(d) Street No. 410 Lennore 8
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Elizabeth G. Lee

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 W. 2

6. (b) Name of husband or wife Frank H. 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased August 18 1863
(Month) (Day) (Year)

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

84 2 3 hr. min.

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

10. Usual occupation Retired

11. Industry or business.....

12. Name Frederick Gilgen 5

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

14. Maiden name Schneider

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

16. (a) Informant Mrs. Edith Stephens
(b) Address 410 Lennore, Webster Groves

17. (a) Cremation (b) Date thereof 10/23/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W. Argonne Dr. Kirkwood

19. (a) 10-23-47 (b) Carla Pharr
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21
year 1947 hour 4 minute 15 am

21. I hereby certify that I attended the deceased from Oct 21
....., 1947, to Oct 21....., 1947
that I last saw him alive on Oct 21....., 1947
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac failure 24 hrs.

Due to chr. myocarditis
angina pectoris type

Due to.....

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration

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 Ch Denny (M. D. or other) MD
Address Creve Coeur, Mo Date signed 10-22-47

DEC 16 1961
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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 Peter B. Dulnoval
Licensed Embalmer No. 3691
P. O. Address Richmond Heights

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.