S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42879

FILED JAN 9 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 12014

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

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: Firmin DeSloge (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution I day. (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis, 96

(c) City or town St. Louis, Vinitia Park (If outside city or town limits, write "RURAL")

(d) Street No. 8208 Page Blvd. (If rural, give location)

(e) Citizen of foreign country? N.R. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Brockett.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sep't. 16, 1868 (Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 13 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Williams.
13. Birthplace Lebannon Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Williamson
15. Birthplace Lebannon Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nancy Hood.

(b) Address 5368 a Natural Bridge.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 2, 1948. (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director [signature]

(b) Address 1039 Union Blv'd.

19. (a) DEC 31 1947 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29, year 1947, hour 11 minute 42 P.M.

21. I hereby certify that I attended the deceased from Dec. 27, 1947, to Dec 28, 1947; that I last saw her alive on Dec 29, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetic acidosis	2 days
Due to: Diabetes mellitus	unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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 Wm. C. Hardwald (M. D. ~~or other~~)

Address 539 N. Grand Date signed 30 Dec 1947

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

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.....

Licensed Embalmer No.....3881.....

P. O. Address.....

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.