S. No. 2
M—1/47
r. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 16 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2473

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 239

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: 2605 Arkansas
(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)

In this community: 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 2605 Arkansas 9
(If rural, give location) 17

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

If yes, name country

3. (a) PRINT FULL NAME: Sarah E. Elmer

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: married

6. (b) Name of husband or wife: Charles F. Elmer

6. (c) Age of husband or wife if alive: 72 years

7. Birth date of deceased: Feb. (Month) 16 (Day) 1872 (Year)

8. AGE: Years 75 | Months 10 | Days 21 | If less than one day: hr. min.

9. Birthplace: Baton Rouge (City, town, or county) La. (State or foreign country)

10. Usual occupation: at home

11. Industry or business

FATHER
12. Name: FRederick Turner
13. Birthplace: England (City, town, or country) (State or foreign country)

MOTHER
14. Maiden name: Emma Sandal
15. Birthplace: England (City, town, or county) (State or foreign country)

16. (a) Informant: Anita Elmer
(b) Address: 2605 Arkansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Bellefontaine Cemetery

18. (a) Signature of funeral director: John L. Ziegenhein&Sons
(b) Address: 7027 Gravois Ave.

19. (a) JAN 9 1948 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7 year 1948 hour 2 minute 35 A. M.

21. I hereby certify that I attended the deceased from June 1, 1945, to Jan 6, 1948, that I last saw her alive on Jan 6, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of colon	2 yrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: Carcinoma of colon	
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: M. E. Jones (M. D. or other)

Address: 4500 Olive St. Date signed: Jan 8/48

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 Frank F. Owens

Licensed Embalmer No. 2245

P. O. Address St Louis 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.