

National Office of Vital Statistics  
FILED FEB 13 1948

318

Primary Registration District No. **1003**

Registrar's No. **1097**

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:  
**2614 Oregon ave.**  
(If not in hospital or institution, write street number or location)

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

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.**..... (b) County..... **0-00**

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

(d) Street No. **2614 Oregon ave.**  
**23** (If rural, give location) **0**

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

If yes, name country.....

3. (a) PRINT FULL NAME **Elizabeth Mansfield**

3. (b) If veteran, name war..... **no**

3. (c) Social Security No. ....

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced..... **Widowed**

6. (b) Name of husband or wife..... **Joseph Mansfield**

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

7. Birth date of deceased..... **February 13 1853**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>94</b>	<b>11</b>	<b>18</b>	.....hr.....min.

9. Birthplace..... **Liverpool England**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **At Home**

11. Industry or business.....

12. Name **William Clayton**

13. Birthplace..... **Wales England**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Christian Unknown**

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

16. (a) Informant **Mrs. Grace Field**

(b) Address **2614 Oregon ave.**

17. (a) **Burial** (b) Date thereof **Feb. 3-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Mt. Hope Cemetery**

18. (a) Signature of funeral director..... **C. Hoffmeister U. & L. Co.**

(b) Address **7814 S. Broadway**

19. (a) **FEB 3 1948** (b) **J. F. Bredek**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **31**  
year **1948** hour **11** minute **15** P. M.

21. I hereby certify that I attended the deceased from **Dec 10 47** to **Jan 31 48**  
that I last saw **Dr. [unclear]** alive on **Jan 31 48**  
and that death occurred on the date and hour stated above. **Duration**

Immediate cause of death..... **Chronic myocarditis**

Due to.....

Due to..... **Senility**

Other condition..... (Include prenal within 3 months of death)

Major findings:  
Of operations..... **92**

Of autopsy.....

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?..... (c) Means of injury.....

23. Signature **John [unclear]** (M. D.)

Address **1106 S. 50th** Date signed **2/2-48**

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

MOYER WATER

1-3 P.M.  
4065 8 Broad

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.