

2  
1/47  
17-39

FILED FEB 9 1948

Registration District No. 2187

Primary Registration District No. 3064

Registrar's No. 184

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Ferguson  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Halls Ferry Memorial Home  
(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 Missouri (b) County St. Louis  
(c) City or town Ferguson  
(If outside city or town limits, write "RURAL")  
(d) Street No. Halls Ferry & Kappell Rds.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Elizabeth Jane Flesh

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 Widowed  
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased March 12 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 10 7 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Self

12. Name Richard Walker

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

14. Maiden name Kellems

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

16. (a) Informant Mrs. Ethel Frerichs

(b) Address Larimor Rd.

17. (a) Burial (b) Date thereof 1/22/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) 1-22-48 (b) Bailey Shapins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19  
year 1948 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 19 1948 to Jan 19 1948  
that I last saw him alive on Jan 19 1948  
and that death occurred on the date and hour stated above.  
Immediate cause of death Myocarditis  
Duration

Due to 936

Due to 936

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

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?..... (e) Means of injury.....

23. Signature H. S. Haver (M. D. or other)

Address 2739 - N. Grand Date signed 1-20-48

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

Dr. P. Shaver  
March 9 Ad. Lavis  
2-6

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..... *Albert Mayfield* .....

Licensed Embalmer No..... *3077* .....

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.