

FILED AUG 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27083

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6989

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6550 Itaska 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)

3. (a) PRINT FULL NAME Elizabeth McDaniel

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 Widowed
6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased March 28, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 4 10 hr. min.

9. Birthplace Jefferson County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Housewife

11. Industry or business

12. Name Wright13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name
15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant Charles McDaniel(b) Address Robertson, Mo., R.R., Box 57417. (a) Burial (b) Date thereof 8-11-1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Valhalla Cemetery18. (a) Signature of funeral director Jay B. Smith(b) Address 7456 Manchester Rd.19. (a) AUG 9 1948 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6550 Itaska Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8
year 1948 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from June 30, 1948 to Aug 7, 1948
that I last saw her alive on Aug 7, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pancreas DurationDue to HbDue to Metastasis to liver and peritoneum

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to 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?

While at work? (Specify type of place) (c) Means of injury

23. Signature H. F. Bergman (M. D. or other) M.D.Address 3250 Washington Date signed 8/9/48

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. 4033

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.