

FILED OCT 4 1948  
Registration District No. 39487

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Pond  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Highway 50 /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Years  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3: (a) PRINT FULL NAME Elizabeth Belle Carver

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 Joseph Carver

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

7. Birth date of deceased: June 20, 1863  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	2	17	hr. _____ min.

9. Birthplace Reynolds, County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Elias Kohn

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

14. Maiden name Barbara Landecker

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

16. (a) Informant Joseph Carver

(b) Address Pond, Missouri

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 6 9/9/48  
(Month) (Day) (Year)

(c) Place: burial or cremation Reynolds Cemetery

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address 2117 E. Grand Ave.

19. (a) 9-8-48 (Date received local registrar)

(b) Cecilia Schapf (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Pond  
(If outside city or town limits, write "RURAL")

(d) Street No. Big Chief Hotel  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7  
year 1948 hour 4 minute 55 P.M.

21. I hereby certify that I attended the deceased from Sept 6  
1948, to Sept 7 1948  
that I last saw her alive on Sept 6 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to arteriosclerosis (small)

Due to Senility 830

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) (a) Means of injury

23. Signature Henry F. Scott (M. D. or other) M.D.  
Address Baldwin Mo. Date signed Sept 7 48

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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 A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand.

**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.**