

FILED DEC 8 1948

318

Primary Registration District No.

1005

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3013 Marcus Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 1
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Ill. (b) County..... 999
(c) City or town..... Taylorville
(If outside city or town limits, write "RURAL")
(d) Street No. 111 E. Franklin 2
(If rural, give location)
(e) Citizen of foreign country?.....
(Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME..... Eliza Sims

20. DATE OF DEATH: Month..... Nov. day..... 24th
year..... 1948 hour..... 9:45 minute..... P.M.

3. (b) If veteran, name war..... 3. (c) Social Security No.

21. I hereby certify that I attended the deceased from..... Nov. 22nd..... 1948, to..... Nov. 24th..... 1948
that I last saw her alive on..... Nov. 24th..... 1948
and that death occurred on the date and hour stated above.

4. Sex..... F. 5. Color or race..... W. 6. (a) Single, widowed, married, divorced..... Widowed

Immediate cause of death.....

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

7. Birth date of deceased..... June 10th, 1870
(Month) (Day) (Year)

Cerebral Hemorrhage

8. AGE: Years Months Days If less than one day
78 5 14 hr. min.

Due to..... Superstension

9. Birthplace..... New Hope Ky.
(City, town, or county) (State or foreign country)

Due to..... Myocarditis
Other conditions..... Chronic Nephritis
(Include pregnancy within 5 months of death)

10. Usual occupation..... House wife

PHYSICIAN

11. Industry or business.....

Major findings:
Of operations.....
Of autopsy.....

12. Name..... Wm. Weight

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

14. Maiden name..... Ellen (Unknown)

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

16. (a) Informant..... Clara Sims

(b) Address..... 3013 Marcus

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 11/27/48
(Month) (Day) (Year)

(c) Place: Burial or cremation..... Wolf's Creek (Eldorado Ill)

18. (a) Signature of funeral director..... Sullivan Funeral Dict

(b) Address..... 2849 N. Euclid Ave.

19. (a) NOV 26 1948 (Date received local registrar) (b) J. B. Laster (Registrar's signature)

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) (7) Means of injury.....

23. Signature..... Dr. Albert C. Benke M. D. or other.....

Address..... 72-16 Natural Bridge Date signed.....

Dr. Albert Denk
7216 Natural Bridge.
Ev. 6230 Home. Fo. 6904

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 Elton R. H. Remelius
Licensed Embalmer No. 4283
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.