

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2450  
925

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St Louis Mo</u>		a. STATE <u>Missouri</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		b. COUNTY <u>St Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary's Infirmary</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>	
		d. STREET ADDRESS (If rural, give location) <u>2830 Hawthorn Blvd</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Emma</u>	b. (Middle) <u>Clara</u>	c. (Last) <u>ELAZER</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>January 27, 1950</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	8. DATE OF BIRTH <u>June 27, ?</u>	9. AGE (in years last birthday) <u>about 70</u>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St Louis Mo. U</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>SB. Bell</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Henry</u>	14. NAME OF HUSBAND OR WIFE <u>widow</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Charlotte L. Smith</u>	ADDRESS <u>2830 Hawthorn</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12-31-49</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12-31, 1949, to 1-27, 1950, that I last saw the deceased alive on 1-27, 1950, and that death occurred at 9:20 m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. C. Sheard, M.D.</u> (Degree or title)	23b. ADDRESS <u>2702a Franklin</u>	23c. DATE SIGNED <u>1-27-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1-30-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Colony Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. H. Brad Underberg Co</u>	ADDRESS <u>2726 Lucas</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*[Faint, illegible handwritten text, possibly bleed-through from the reverse side of the page.]*

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*[Handwritten signature: Theodore Yandey]*  
Licensed Embalmer No. *4243*

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.

*[Faint handwritten notes at the bottom of the page.]*