No. 300
10-48

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35547

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2533

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (In this place): 27 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2179
d. STREET ADDRESS (If rural, give location): 4178a DeTonty St.

3. NAME OF DECEASED (Type or Print)
a. (First): ELIZABETH
b. (Middle): Ellen
c. (Last): PLATT

4. DATE OF DEATH (Month) (Day) (Year): Oct. 17, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Sept. 18, ~~1867~~ 1866
9. AGE (In years last birthday): ~~83~~ 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John Everst
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Charles H. Platt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Charles H. Platt, 4178a DeTonty St.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure.

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.

INTERVAL BETWEEN ONSET AND DEATH: 4341

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-20-, 1950, *to* 10-17-, 1950, *that I last saw the deceased alive on* 10-17-, 1950, *and that death occurred at* 2:25 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert E. White, M.D.
23b. ADDRESS: 601 Brentwood, Clayton
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 10-20-50
24c. NAME OF CEMETERY OR CREMATORY: Valhalla
24d. LOCATION (City, town, or county) (State): 7600 St. Charles Rock Rd.

DATE REC'D BY LOCAL REG.: 10-19-50
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Albert H. Hoppe, 4700 Washington Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 10 1950

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed William S. Salfen

Signed.....
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address St Charles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

State of Missouri
City
County of St. Louis } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 35547
Local Registrar's No. 2533

On this 30 day of October, 1950, before me appears Charles H. Platt, who, upon his oath, states that the original record of death for Elizabeth Ellen Platt died Oct. 17, 1950, in the State of Missouri, and which was filed at Clayton, Mo. on 10-19-50, 19..., should be corrected as follows:

Item No. 8 should read Sept. 18, 1866
Instead of Sept. 18, 1867

Item No. 9 should read 84 years
Instead of 83 years

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Chas. H. Platt Son
Relationship.

4178a DeTonty St.
Present Address.

Subscribed and sworn to before me this 30 day of October, 1950

My Commission expires My Commission Expires Sept. 23, 1951 Edna A. Baxter Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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