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 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
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FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 21583

BIRTH NO. _____		REG. DIST. NO. <u>3.7</u>		PRIMARY REG. DIST. NO. <u>3066</u>		Registrar's No. <u>2093</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kirkwood</u>		c. LENGTH OF STAY (In this place) <u>18mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		<u>2059</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>White Oaks Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>5 5444 Chemers</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> b. (Middle) <u>Glover</u> c. (Last) <u>Saunders</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 7, 1951</u>						
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Oct. 11, 1863</u>		9. AGE (In years last birthday) <u>87yrs</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 24 HRS. Hours _____	Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Public</u>		11. BIRTHPLACE (State or foreign country) <u>Cincinnati, St. Louis Mo., Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Thomas Paton Saunders</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jones Elizabeth G.</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ellis Dougherty Topping Rd.</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>May, 1951</u> , to <u>May 6, 1951</u> , that I last saw the deceased alive on <u>May 6, 1951</u> , and that death occurred at <u>4 AM</u> m., from the causes and on the date stated above.									
23. SIGNATURE (Degree or title) <u>G. R. Ehrlich M.D.</u>				23b. ADDRESS <u>3606 Gravers St. St. Louis Mo.</u>		23c. DATE SIGNED <u>May 7-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 8, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>				
DATE REC'D BY LOCAL REG. <u>5/7/51</u>		REGISTRAR'S SIGNATURE <u>Herbert Robinson M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Alexander & Sons</u>		ADDRESS <u>6175 Delmas</u>			

(Licensed Embalmer's Statement on Reverse Side)

Mr. Faith Chelick
3606 Desvrais
3.30

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 *jos. E McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6173 Delma*

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.