

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3409**

FILED FEB 9 1955

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **548** Registrar's No. **134**

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves		c. LENGTH OF STAY (In this place) 5 Yrs		c. CITY OR TOWN Webster Groves		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 330 W Lockwood				e. STREET ADDRESS (If rural, give location) 330 W Lockwood			
3. NAME OF DECEASED (Type or Print) ELIZABETH NANCE DOUGLASS			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 1-18-1955	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10-17-1874		9. AGE (In years last birthday) 80	f UNDER 1 YEAR Months	g UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) Sommerville Tenn.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Lucas Nance			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE R. Lee Douglass		
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 Mrs. H.A. Goodrich 52 S Rock Hill				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arterio sclerotis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Duodenal ulcer					INTERVAL BETWEEN ONSET AND DEATH 5 yrs. over 5 yrs 3 yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200					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 19 , 1950 , to Jan 15, 1955 , that I last saw the deceased alive on Jan 17, 1955 , and that death occurred at 6:20 a.m. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H.A. Goodrich M.D.			23b. ADDRESS 52 Rockhill Webster Groves Mo.		23c. DATE SIGNED 1/19/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-20-1955	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kirkwood Mo.			
DATE REC'D BY LOCAL REG. 1/19/55	REGISTRAR'S SIGNATURE Veronica R. Northrup		FUNERAL DIRECTOR'S SIGNATURE Wm. F. Home		ADDRESS Webster Groves Mo.		

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.....
Signature of Student Embalmer

Signed.....
Leslie Welch

Licensed Embalmer No.....⁴³⁹

P. O. Address.....
Walter Iron

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.