

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1946
#60124

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

9510

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME ELIZABETH HAYWOOD

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James L. Haywood 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased March 23, 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 7 12 hr. min.

9. Birthplace Ellington, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Taylor Fox
13. Birthplace Unknown, Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Edda Sabin
15. Birthplace Unknown, N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant James L. Haywood
(b) Address 1327a Park Ave

17. (a) Burial (b) Date thereof 11/7/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ellington, Mo.

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) NOV 7 1946 (b) J. F. Brudner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1327a Park Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5th
year 1946 hour 5:30 minute P M.

21. I hereby certify that I attended the deceased from 10/25/46 to 11/5/46
that I last saw him alive on 11/5/46
and that death occurred on the date and hour stated above.

Immediate cause of death Removal from left to right ventricle - stroke
Due to Chronic atherosclerosis and hypertension cardiac vascular disease
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy Examination

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) Means of injury _____

23. Signature 1315 Lafayette 11/6/46
Address _____ Date signed _____

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 William G. Buckholz

Licensed Embalmer No. 2110 J

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.