

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

38670

1. PLACE OF DEATH

County.....

Registration District No.....

70E

Township.....

Primary Registration District No.....

1008

City St. Louis

(In Lutheran Hospital)

File No.....

Registered No. 11297

St. _____ Ward _____

2. FULL NAME Elizabeth Carrico

(a) Residence. No. 3 Florissant Mo. St. 14E Ward Florissant - Mo.

Florissant - Mo.
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George W. Carrico

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 | 4 | 11 | — hrs. — min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER William Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Mary Little

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT George W. Carrico
(Address) Rt 351 Florissant Mo.

15. FILED Nov 20, 1928 W. C. Stanley REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 19, 1928

17. I HEREBY CERTIFY, That I attended deceased from 11-2-28, 1928, to 11-19-28, 1928, that I last saw her alive on 11-19-28, 1928, and that death occurred, on the date stated above, at 9:15 P. M.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hyperthyroidism
Exophthalmic Goitre
(duration) yrs. 6 mos. — da.

CONTRIBUTORY (SECONDARY) Chronic myocarditis
(duration) yrs. — mos. — da.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 11-18-28

19. WHAT TEST CONFIRMED DIAGNOSIS? Chemical & operative
(Signed) Theo. H. Kauer, M. D.
11/20, 1928 (Address) 3657 Schum

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Coldwater Cemetery DATE OF BURIAL Nov 22 1928

20. UNDERTAKER Abraham Guelo - 2707 1/2 Grand ADDRESS

WRITE MAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.