

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1013
City St. Louis, (No. De Paul Hospital, St. Ward)

File No.
Registered No. 7796
1766

2. FULL NAME

Wellington H. McElroy

(a) Residence, No. 7542 Byron plc., St. 6 Ward. Clayton, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1913-5-14		
7. AGE	YEARS	MONTHS
	19	9
		MONTHS
		5
8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc.		Student,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Washington University
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Franklin, Ill.
(STATE OR COUNTRY)

13. NAME R. Palmer McElroy,

14. BIRTHPLACE (CITY OR TOWN) Clarksville, Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Pauline H. Harney,

16. BIRTHPLACE (CITY OR TOWN) Franklin, Ill.
(STATE OR COUNTRY)

17. INFORMANT R. Palmer McElroy
(ADDRESS) 7542 Byron plc.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Masoleum DATE 2-21-33, 1933

19. UNDERTAKER Robert Harney, Inc.
(ADDRESS) Clayton Road at Concordia Lane

20. FILED FEB 21 1933
W. C. Stark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 19th, 19 33

22. I HEREBY CERTIFY, That I attended deceased from February 14, 1933 to February 19th, 1933
I last saw him alive on February 19th, 1933 Death is said to have occurred on the date stated above, at 3:20 P.M.
The principal cause of death and related causes of importance were as follows:

107A
115A Septicemia Broncho 2-14
360 Pneumonia (Septic) 2-17
Other contributory causes of importance: 107A
Septic non diphtheritic

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify Henry A. Harney, M. D.
(Signed) 3866 Castleman av.
(Address)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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