

WRITE PLAINLY, 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.

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

Do not use this space.

APR 9 1935

1. PLACE OF DEATH

County.....  
Township.....  
City..... *St. Louis* (No. *City Hospital*)

Registration District No. **791**  
Primary Registration District No. **1003**

File No. **10786**  
Registered No. **2406**  
St. .... Ward)

2. FULL NAME

*William V. Elkins*

(a) Residence, No. *3979 Evans* St., *11* Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 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 *Viola Elkins*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sep. 6-1874*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*60 6 5*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Motor man*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *3/10/35* 11. Total time (years) spent in this occupation *25 yrs*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

MOTHER FATHER 13. NAME *John Elkins*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill.*

15. MAIDEN NAME *Mary Haub*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill.*

17. INFORMANT (ADDRESS) *Viola Elkins*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Ann Cem.* DATE *3-15-1935*

19. UNDERTAKER (ADDRESS) *Bannan Bros Inc*

20. FILED *MAR 13 1935* *for P. Bredeck* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar. 11 1935*

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him ..... alive on ....., 19..... Death is said to have occurred on the date stated above, at *11:30 p.m.*

The principal cause of death and related causes of importance were as follows:

*Labor Pneumonia  
Chronic Myocarditis - Arteriosclerosis  
Dehydration - Chronic enteritis  
Gastritis*

Date of onset

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? *Yes*

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?

If so, specify .....

(Signed) *Joseph P. Bredeck* M. D.

(Address) *St. Louis*

Registrar *3/13/35*

