

NOV 9 1935

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

Do not use this space.

1. PLACE OF DEATH St. Mary's Infirmary

791
1003

34228

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis, (No. 1536), Papin St. Ward)

File No.
Registered No. 8651

2. FULL NAME George Elkner

(a) Residence, No. 2835 Howard St., 20 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Beatrice Elkner		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 5, 1893		
7. AGE	YEARS	MONTHS
	42	9
		DAYS
		3
		If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 8, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **September 30, 1935** to **October 8, 1935**

I last saw him alive on **October 8, 1935** Death is said to have occurred on the date stated above, at **6:25 P.M.**

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

*Miliary Tuberculosis
Tuberculous Peritonitis*

Date of onset

Other contributory causes of importance:

25

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<i>Nil</i>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Fort Worth Texas**
(STATE OR COUNTRY)

13. NAME **Solomon Elkner**

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

15. MAIDEN NAME **Janie Harold**

16. BIRTHPLACE (CITY OR TOWN) **Marshall Texas**
(STATE OR COUNTRY)

17. INFORMANT **Beatrice Elkner**
(ADDRESS) **2835 Howard**

18. BURIAL, CREMATION, OR REMOVAL
PLAC **Father Dindam** DATE **10-15-35** '35

19. UNDERTAKER **Joett Randle & Son**
(ADDRESS) **920 No Leonard Ave 71**

20. FILED **14 1935** '35 **J. Bredeck**
Registrar.

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) **James E. Jackson**, M. D.
(Address) **1536 - Papin St.**

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 CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

