

DEC 12 1935

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

Do not use this space.

37527

1. PLACE OF DEATH

County Registration District No. **1003**
Township Primary Registration District No. **791**
City **St. Louis** (No. **St. Johns, Hosp.**) St. Ward)

File No. **9494**

Registered No.

2. FULL NAME

Edward M. Elgar
(a) Residence, No. **York Hotel - St. 6th & Market**
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. **25** 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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Rachel Elgar**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 9 - 1864**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71. 1. 3.

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

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Brooklyn n. y.**

13. NAME **(unknown) Elgar**

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

15. MAIDEN NAME **(unknown)**

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

17. INFORMANT (ADDRESS) **Mrs Rachel B. Elgar, York Hotel**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine** DATE **11-14-35**

19. UNDERTAKER (ADDRESS) **C. P. Ruptor & Sons, 4449 Olive St.**

20. FILED **NOV 12 1935** 19 **J. H. Briedeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 12, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 12th 1935** to **Nov 12th 1935**

I last saw h. m. alive on **Nov 12th 1935** Death is said to have occurred on the date stated above, at **1:50 P.M.**

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

Essential Hypertension & arterial sclerosis

Other contributory causes of importance: **cerebral hemorrhages**

Name of operation **none** Date of

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 (Signed) **Henry Jacobson**, M. D. (Address) **7080 Olive 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 PLAINLY, WITH UNFAADING INK—THIS IS A PERMANENT RECORD

2
31
31

6547

705 Olive

Central #9279.

6585 Waterman.

70. #5167.