

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.

JUN 22 1936

19913

1. PLACE OF DEATH

County St. Louis Registration District No. 420
Township St. Louis Primary Registration District No. 5633
City St. Louis (No. 4425) St. Ward

File No. _____

Registered No. 51

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 33 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE/MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Jessie Elder</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>10-12-1910</u>		
7. AGE YEARS <u>25</u>	MONTHS <u>7</u>	DAYS <u>9</u>
If LESS than 1 day, _____ hrs. or _____ min.		
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. <u>Laborer</u>		
10. Date deceased last worked at this occupation (month and year) <u>19 months ago</u>		
11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Elliot, Mo.</u>		
13. NAME <u>Earl Elder</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rockport, Mo.</u>		
15. MAIDEN NAME <u>Ida McGee</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lardmark, Mo.</u>		
17. INFORMANT (ADDRESS) <u>Earl</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>May 22 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Forest & Co</u>		
20. FILED <u>May 22 1936</u> <u>PA Holmes</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-21-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-15-36, 19, to 5-21-36, 19.

I last saw him alive on 5-21-36, 19. Death is said to have occurred on the date stated above, at 11:10 a.m.

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

Date of onset 1936

Other contributory causes of importance:
Influenza & pyrexia
Grippe

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Chas. J. Mellie, M. D.
(Address) St. Louis

MAR 3 1950