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.

ZOM-2-19-36 1 X7294

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

Do not use this space.

35806

1. PLACE OF DEATH OCT 5 1936

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 9427

City St. Louis (No. Desloge Hospital St. ..... Ward)

2. FULL NAME Elgin T. Cash

(a) Residence, No. 7555 Byron Pl St., NR Ward. Clayton
(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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sylvia Cash

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6, 1875.

7. AGE YEARS 61 MONTHS 0 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Live stock broker

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) Missouri

FATHER

13. NAME Taylor Cash

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

MOTHER

15. MAIDEN NAME Ella Bennett,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Sylvia Cash 7555 Byron Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cemty DATE 9/16/1936

19. UNDERTAKER (ADDRESS) Louis H. Bopp Kirkwood

20. FILED SEP 14 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-13-1936

22. I HEREBY CERTIFY, That I attended deceased from 9-1, 1936, to 9-13, 1936

I last saw him alive on 9/12, 1936 Death is said to have occurred on the date stated above, at 2 a.m.

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

	Date of onset
Benign Mediastinal Tumor	8 mo ago.
5H	
Other contributory causes of importance: Pleural effusion	
Mediastinal shift	6 mo.

Name of operation None Date of

What test confirmed diagnosis? Clinical 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 .....

(Signed) J. H. Hammond, M. D.

(Address) 1931 Mo Theatre Bldg. St. Louis Mo.

JAN 9 1950

MAR 19 1948