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.

NOV 4 1936

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

Do not use this space.

39491

**1. PLACE OF DEATH**

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

File No. ..... Registered No. 10532

City St. Louis (No. City Hospital No. 1 St. ..... Ward)

B. 10598

**2. FULL NAME** William McElderry

(a) Residence, No. 2803 Ivanhoe St., 3 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. 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: Augusta McElderry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 25, 1874

7. AGE: 62 YEARS | MONTHS: 1 | DAYS: 23 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: W.P.A
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): Texas

FATHER

13. NAME: Unknown McElderry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Carry Mills
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Hosp. Info. M. H. Kent City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE: St. Matthews DATE: 10/21/36, 19

19. UNDERTAKER (ADDRESS): Edith E. Ambuster 4234 Manchester

20. FILED ..... 19 ..... J F Bredeck Registrar.

OCT 20 1936

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/18/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 10/18/36, 19 to 10/18/36, 19

I last saw him alive on 10/18/36, 19 Death is said to have occurred on the date stated above, at 7.40 m.p

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

Perforated Duodenal Ulcer — 117

Date of onset

Other contributory causes of importance:

Peritonitis

Name of operation: none 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) [signature], M. D.

(Address) City Hospital No. 1