

AUG 30 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 489
Township Central Primary Registration District No. 6033
City Overland (No. 9514 W. Milton) St. _____ Ward _____

File No. 28331
Registered No. 219

2. FULL NAME

Glenn F. Elliman

(a) Residence, No. 9514-W-Milton 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. 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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LINDA H. ELLIMAN

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 16 1889

7. AGE YEARS MONTHS DAYS Hrs. less than 1 day, or min.
48 0 24 24

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

Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

self

10. Date deceased last worked at this occupation (month and year) 8/9/37 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler, Ill.

13. NAME Hy. Elliman

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

15. MAIDEN NAME Mary Froelich

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

17. INFORMANT (ADDRESS) Linda H. Elliman
9514 W. Milton Overland, Mo.

18. BURIAL, CREMATION, OR PLACE Memorial Park DATE 8/12/1937

19. UNDERTAKER (ADDRESS) Bannigan Bros, Inc.
2504 Woodson Rd - Overland, Mo.

20. FILED 8-11-37 19 37 Adl Baehner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 9 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 9:00 a.m.

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

Accidental electrocution while repairing washing machine in basement of his own home Date of onset 8/9/37

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? Physical Was there an autopsy? No.

23. If death was due to external cause (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/9 1937

Where did injury occur? Overland Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury In home Repairing washing machine

Nature of injury Electrocution

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) John O. Connolly, M.D.

(Address) Carover, St. Louis Co.

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.

