

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32372

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **St. John's Hospital** Registered No. **8426**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

George W. McElroy
5553 Waterman Ave.
 (a) Residence, No. **5** (Usual place of abode, if no street address, write county or city) St. **5** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
 5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF **Rosella Viola McElroy**
 (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 21, 1878**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 7 14
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Dep. Jury Com.**
 9. Industry or business in which work was done, as 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) **St. Louis**
 (STATE OR COUNTRY) **Mo.**

13. NAME **Dr. W.T. McElroy**
 14. BIRTHPLACE (CITY OR TOWN) **Mo.**
 (STATE OR COUNTRY)

15. MAIDEN NAME **Alecia Moonan**
 16. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Mo.**

17. INFORMANT **Mrs. H.W. Kiel**
 (ADDRESS) **1625 Missouri Ave.**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Mt. Hope Cem.** DATE **Sept. 8, 1937**

19. FUNERAL DIRECTOR **Arthur J. Donnelly Undt.**
 (ADDRESS) **3840 Lindell Blvd.**

20. FILED **SEP 7 1937** **J. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 5, 1937** 19

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 5, 1937** to **Sept. 5, 1937**, 1937.
 I last saw him alive on **Sept. 5, 1937**, 1937. Death is said to have occurred on the date stated above, at **12:25 PM.**
 The principal cause of death and related causes of importance were as follows:

acute cardiac failure Date of onset **Sept. 1, 1937**
pulmonary edema **Sept. 1, 1937**

Other contributory causes of importance:
Diabetes Mellitus 1936
Partial Curvature 1936

Name of operation **None** Date of **1936**
 What test confirmed diagnosis? **Chemical** Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **None** Date of injury **1936**
 Where did injury occur? **None** (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **None**
 Nature of injury **None**

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify **None**
 (Signed) **A. N. Pranger**, M. D.
 (Address) **705 N. King Highway**

STATEMENT BY LICENSED EMBALMER

I, Stanley Marchlewski, Licensed Embalmer No. 2868

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Stanley Marchlewski

Licensed Embalmer No. 2868

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)