

30714 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

32406
Do not use this space.

CERTIFICATE OF DEATH

1. PLACE OF DEATH **Homer G Phillips Hospital**

(a) County Registration District No. **791**

(b) Township Primary Registration District No. **1003**

(c) City **St. Louis** (d) Street No. **2601** **N Whittier** St.

(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 **2** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Will Elliott**

(a) Residence, No. **2700 R Stoddard** St. **21** (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Memie Elliott**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 14, 1864**

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
72	9	21	

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

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) (STATE OR COUNTRY) **Tennessee**

FATHER

13. NAME **James Elliott**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER

15. MAIDEN NAME **unk Tennessee ?**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn unknown**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 5** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **August 26**, 19**37**, to **Sept. 5**, 19**37**

I last saw him alive on **Sept. 5**, 19**37**. Death is said to have occurred on the date stated above, at **4:58** m. **a.m.**

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

Bronchopneumonia

Date of onset **8/26/37**

Other contributory causes of importance:

Name of operation 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? **✓**
If so, specify **L. L. Lewis** M. D.
(Signed) **L. L. Lewis** (Address) **2601 N Whittier**

17. INFORMANT **Evelyn Hilliard**
(ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Washington Park** DATE **9/9/37**

19. FUNERAL DIRECTOR **P. L. Lewis**
(ADDRESS) **2829 Washington Park**

20. FILED **SEP 8 1937**
J. K. Beck Local Registrar.

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.

STATEMENT BY LICENSED EMBALMER

Professional Seal

I, Arvey Andrews Licensed Embalmer No. 3974

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

L. E. St. Louis Missouri

No. 3974 or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed Arvey Andrews

Licensed Embalmer No. 3974

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.)