

REC'D APR 1 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
12131
Do not use this space.

1. PLACE OF DEATH

 (a) County St. Louis
 (b) Township
 (c) City Wellston
 (e) Length of residence in city or town where death occurred yrs. mos. ds.

 Registration District No. 784
 Primary Registration District No. 200
Registered No. 558
 (d) Street No. 1570 Irving Ave. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME James Elkington 425
 (a) Residence, No. 1570 Irving Ave. St.
 (Usual place of abode, if no street address, write county or city) (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 (OR) WIFE OF Elixabeth Elkington
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 5, 1865
 7. AGE YEARS 72 MONTHS 6 DAYS 21 If LESS than 1 day, hrs. or min.

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

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) Middlex, England

 FATHER 13. NAME Edward J. Elkington

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

 MOTHER 15. MAIDEN NAME Phoebe Bowles

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

 17. INFORMANT Mrs. Phoebe Elkington (ADDRESS) 1570 Irving Ave.

 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Victor's Cem. DATE March 29, 1938

 19. FUNERAL DIRECTOR Geo. L. Pleitach Inc. (ADDRESS) 5966 Easton Ave.

 20. FILED Mar. 28, 1938 T.R. Meyer M.D., R.P.H. (Address) 6201 Lotus Ave. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1938
 22. I HEREBY CERTIFY That I attended deceased from January, 1937 to March 26, 1938

 I last saw him alive on March 26, 1938. Death is said to have occurred on the date stated above, at 9:45 p.m.

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

Melanotic Carcinoma

Date of onset

April 15, 1931Other contributory causes of importance: 45Name of operation none Date ofWhat test confirmed diagnosis? Biopsy 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) James S. Hicks, D.O.(Address) 6201 Lotus Ave.

53-

STATEMENT BY LICENSED EMBALMER

I, David C. Gibson, Licensed Embalmer No. 3454

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

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township _____ Primary Registration District No. 200 Registered No. _____
 (c) City Wellston (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Elkington
 (a) Residence, No. _____ St. (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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wid)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
72 6 21
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) _____
 FATHER 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 MOTHER 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE _____
 19. FUNERAL DIRECTOR (ADDRESS) _____
 20. FILED 2-28 1938 98 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26, 1938
 22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Metastatic Carcinoma
Primary Seat left Cheek
 Date of onset _____
 Other contributory causes of importance: H⁵
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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) James D. Hicks, M. D.
 (Address) 6201 Lotus ave
Wellston Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 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.

62

