

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

12767  
Do not use this space.

REC'D MAY 10 1938

**1. PLACE OF DEATH**

(a) County St. Louis Registration District No. 791  
 (b) Township St. Louis Primary Registration District No. 1003  
 (c) City St. Louis (d) Street No. Frisco Hotel Registered No. 3371  
 (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**

JOHN S. McELROY 246  
 (a) Residence, No. 630 E. Jefferson Ave. St. W.R. Kirkwood, Mo.  
 (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 MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Clara M. McElroy (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct, 3, 1869.

7. AGE YEARS 68 MONTHS 6 DAYS 6 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Engineer  
 9. Industry or business in which work was done, as saw mill, bank, etc. Frisco RR  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

FATHER 13. NAME John McElroy

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

MOTHER 15. MAIDEN NAME Fannie Buford

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

17. INFORMANT Mrs. Clara M. McElroy (ADDRESS) 630 E. Jefferson, Kirkwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Center DATE 4/11/38

19. FUNERAL DIRECTOR Louis H. Bopp (ADDRESS) 131 W. Argonne Dr Kirkwood

20. FILED APR 11 1938 J. D. Budruk Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/9/38 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/21/38 to 4/9/38  
 I last saw him alive on 4/9/38 1938. Death is said to have occurred on the date stated above, at 1:40p.

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

Terminal lobar pneumonia Date of onset  
Carcinoma of Rectum  
Stricture of urethra

Name of operation galastomy Date of 3/1/38

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, 1938

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) Ralph Thynes Jr, M. D.  
 (Address) 4960 Maclellan

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.

STATEMENT BY LICENSED EMBALMER

I, Louis J & Popp, Licensed Embalmer No. 921

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 Louis J & Popp

Licensed Embalmer No.....

**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.)**