

REC'D MAY 6 1938

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

15880

Do not use this space.

1. PLACE OF DEATH

(a) County Orleans Registration District No. 784
(b) Township _____ Primary Registration District No. 2000 Registered No. 244790
(c) City St. Louis W. Washburn Street No. 5708 Helen St. _____
(e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (If of foreign birth? yrs. mos. ds.)

2. PRINT FULL NAME

Richard E. J. Elliott 430
(a) Residence, No. 5708 Helen St. WA JENNINGS, MO (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26, 1866

7. AGE YEARS 72 MONTHS 0 DAYS 5 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. Maintenance Man
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation Hardware Co.

12. BIRTHPLACE (CITY OR TOWN) Hopkinsville (STATE OR COUNTRY) Kentucky

FATHER 13. NAME George Elliott

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

MOTHER 15. MAIDEN NAME Virginia Jones

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

17. INFORMANT Reece L. Elliott (ADDRESS) Independence Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem DATE 4/5/38

19. FUNERAL DIRECTOR Allen W. McLaughlin (ADDRESS) 2301 Lafayette Ave.

20. FILED APR 4 1938 J. P. Biedich Local Registrar. 757

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 193822. I HEREBY CERTIFY, That I attended deceased from Mar. 19, 1938, to Mar. 31, 1938

I last saw him alive on Mar. 19, 1938 Death is said to have occurred on the date stated above, at 12:30 a.m.

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

Chronic Myocarditis Date of onset 10 years

Other contributory causes of importance:

Name of operation none Date of _____What test confirmed diagnosis? clinical Was 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) E. M. Leonard, M. D.(Address) 16704 W. F. Leonard

STATEMENT BY LICENSED EMBALMER

I, L. R. Coape, Licensed Embalmer No. 3633

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 L. R. Coape

Licensed Embalmer No. 3633

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.)