

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

30818
Do not use this space.

1. PLACE OF DEATH **OCT 12 1938** 21 791

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

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

(c) City **St. Louis** (d) Street No. **2128a Portis Ave.** Registered No. **8255**

(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 **Ellen W. McElwain**

(a) Residence, No. **2128a Portis Ave.** St. **17** (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 Female	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 Robert A. McElwain				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1863				
7. AGE	YEARS 75	MONTHS 4	DAY 7	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home			
	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) Ireland 5				
FATHER	13. NAME Patrick Ward 5			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5			
MOTHER	15. MAIDEN NAME Mary Finnegan			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland			
17. INFORMANT (ADDRESS) Mr. R. D. McElwain 2128a Portis Ave.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Sept. 21, 1938				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arthur J. Donnelly 3840 Lindell Blvd.				
20. FILED SEP 20 1938 <i>J. F. [Signature]</i> Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18, 1938	
22. HEREBY CERTIFY, That I attended deceased from July 18 , 19 38 , to Sept 18 , 19 38 . I last saw her alive on Sept 16 , 19 38 . Death is said to have occurred on the date stated above, at 8 pm a.m.	
The principal cause of death and related causes of importance were as follows:	
<i>Chronic Myocarditis</i>	Date of onset 7/18/38
Other contributory causes of importance: <i>Diabetes Mellitus</i> Same	
Name of operation <i>None</i> Date of..... What test confirmed diagnosis? <i>Diagonal x-ray + Urinalysis</i> Was there an autopsy? <i>No</i>	
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? <i>No</i> If so, specify..... (Signed) <i>Geo B. Kueger</i> M. D. (Address) <i>3447 Belvidere Ave</i>	

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.

JUN 5 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

or by _____

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

Signed _____

Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address _____

4204 Prairie

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.)

If this body is not embalmed, above space should be left blank.