NOV 2 - 1938 REC'D NOV 4 1938

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

36892
Do not use this space.

1. PLACE OF DEATH
(a) County Saint Louis — Registration District No. 784
(b) Township Carondelet — Primary Registration District No. 200 — Registered No. 1793
(c) City ~~Jefferson Barracks~~ — (d) Street No. VETERANS ADM. FACILITY 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 Knox K. ELLIOTT
(a) Residence, No. 4606a Delmar Avenue, St. Louis, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

430

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Willie P. Elliott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 8, 1878

7. AGE: Years 60 — Months 6 — Days 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Cook
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): 1934
11. Total time (years) spent in this occupation: 40 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austin, Texas.

FATHER
13. NAME: Charles Elliott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): - Virginia

MOTHER
15. MAIDEN NAME: Lera Hutchinson,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): - Texas.

17. INFORMANT (ADDRESS): Clinical Clerk VAF Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE NATIONAL CEM. DATE Nov. 3, 1938

19. FUNERAL DIRECTOR (ADDRESS): C. HOFFMEISTER 7814 S. BROADWAY

20. FILED NOV 2 - 1938 T. R. Meyer M.D. Dr. P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 26, 1938, to November 1, 1938
I last saw him alive on November 1, 1938. Death is said to have occurred on the date stated above, at 4:40 A.M.
The principal cause of death and related causes of importance were as follows:

Coronary thrombosis resulting from arteriosclerosis, generalized, with myocardial disease (chronic myocarditis), hypertrophy and dilatation, congestive type of cardiac failure, severe. — Date of onset: Unkn.

Other contributory causes of importance:
None.

93C

Name of operation: None — Date of
What test confirmed diagnosis? Phy. clinical manif. and laboratory — 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 .....
(Signed) C. W. HUGHES, Chief Med. Officer, M. D.
(Address) VAF Jefferson Barracks, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, ..., Licensed Embalmer No.....

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.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)