

2

1939

REC'D MAR 9 1939

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

7746  
Do not use this space.

1. PLACE OF DEATH  
 (a) County... Saint Louis ..... 2 Registration District No. 784  
 (b) Township..... Primary Registration District No. 101 ..... Registered No. 379  
 (c) City or Clayton ..... (d) Street No. 7730 Bonhomme Avenue ..... 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 Noel Elgin  
 (a) Residence, No. 7730 Bonhomme Avenue ..... 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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Elgin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29, 1892

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>46</u>	<u>9</u>	<u>29</u>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Data 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) Columbus Kentucky

FATHER  
 13. NAME James Thompson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable

MOTHER  
 15. MAIDEN NAME Isabell Allen  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable

17. INFORMANT Cornell DeBoa  
 (ADDRESS) 3636 Page Blvd.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Columbus, Ky. DATE 3/4/39

19. FUNERAL DIRECTOR (NAME) Charles J. Gates  
 (ADDRESS) 4107-09 Finney Avenue

20. FILED MAR 2 1939 W. R. Meyer  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 28th 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-17-38 19..... to February 28th 1939  
 I last saw her alive on February 28th 1939 Death is said to have occurred on the date stated above, at 10:56 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of pancreas  
Hb  
 Other contributory causes of importance: none

Name of operation None Date of.....  
 What test confirmed diagnosis? Clinical 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 Walter H. Sporens M. D.  
 (Address) 1506 Saint Louis Avenue

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.

W. R. Meyer

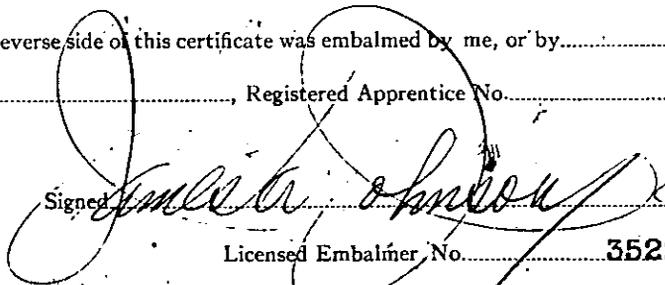
FEB 15 1944

**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.....

..... **James A. Johnson** ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed



Licensed Embalmer No. .... **3522** .....

P. O. Address **4107 Finney Avenue** .....

**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.**