

1939 JUL 12 1939
Registration District No. 91

Primary Registration District No. _____

1. PLACE OF DEATH: 1008
(a) County _____
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute City Hosp. #1 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 1 12L
(If outside city or town limits, write "RURAL")
(d) Street No. 2207 N. Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

In this community _____
years, months or days)
8. (a) PRINT Robert S. Elliott
FULL NAME
8. (b) If veteran, name war no 8. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 6 day 18
year 1939 hour 17 minute 05 A.M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced. widowed
6. (b) Name of husband or wife Mamie 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 23, 1850
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
88 6 24 _____ hr. _____ min.

Immediate cause of death _____ Duration _____
Chronic Myocarditis
Due to _____
Coronary Sclerosis

9. Birthplace Beardstown Ill.
(City, town, or county) (State or foreign country)
10. Usual occupation Carpenter

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 930
Of operations _____
Of autopsy _____

11. Industry or business _____
MOTHER FATHER { 12. Name John Elliott 4
13. Birthplace Scotland 5
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically. o

16. (a) Informant's own signature George E. Elliott
(b) Address 2207 N. Broadway
17. (a) Burial (b) Date thereof 6/21/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Park
18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 3301 Lafayette Ave
19. (a) JUN 20 1939 (b) J. F. Brudick
(Date received local registrar) (Medical signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature Alfred P. Burgess (M.D. or other) H
Address Deputy Coroners Date signed _____

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 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

L. R. Cooper

Licensed Embalmer No. *5633*

P. O. Address *2317 Lafayette*

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.