E16945

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8988

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2471

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 22
(If outside city or town limits, write "RURAL")

(d) Street No. 1015 Rutger St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Amzy Elkins

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ollie Elkins

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March 8 - 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 4 If less than one day hr. min.

9. Birthplace Pinkneyville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer Unemployed

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ollie Elkins
(b) Address 1015 Rutger Str.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 14 - 1940
(Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Henry Wiedemeyer
(b) Address 6203 Gravois Ave

19. (a) MAR 14 1940 (Date received local registrar) (b) J. F. Bodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12, year 1940 hour 4:45 minute A. M.

21. I hereby certify that I attended the deceased from March 8, 1940, to March 12, 1940 that I last saw him alive on March 12, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	4 yrs
Due to: arteriosclerosis	years
Due to: chr. myocarditis	years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: Cerebral Thrombosis, aortic aneurysm	

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

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Walter Ford (M. D. or other)

Address 1515 Lafayette, Date signed 3/13/40

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

V. S. No. 28
50M-5-17-39
Rev. 5-17-39
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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 Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.