No. 2
13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30575
Registrar's No. 7852

Registration District No. 791 | Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Pacific Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 1 month
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County St. Clair
(c) City or town East St. Louis, NR (If outside city or town limits, write "RURAL")
(d) Street No. 3312 Market Ave., (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Wm. Dolly Elliott
3. (b) If veteran, name war No
3. (c) Social Security No. 702-12-4391
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Tillie
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased April 25, 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	4	25	hr. min.

9. Birthplace Indiana (City, town, or county) (State or foreign country)
10. Usual occupation Machinist
11. Industry or business T. R. R. A.
FATHER 12. Name Allen Elliott
FATHER 13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
MOTHER 15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant J. Menestrina
(b) Address East St. Louis, Ill.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-22-40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cem.
18. (a) Signature of funeral director C. Kurrus Jr.
(b) Address East St. Louis, Ill.
19. (a) SEP 20 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9/20/40 day year hour 5 minute 35 A.M.
21. I hereby certify that I attended the deceased from 8/23/40, 19, to 9/20/40, 19; that I last saw h. alive on 9/20/40, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac failure	
Due to Hypertensive Heart Disease	1 yr.
Due to	
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 Charles E. Duncan (M.D. or other) MD
Address 1755 So. Grand Date signed 9/20/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3162

P. O. Address East St. Louis, Ill.

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

If this body is not embalmed, fact should be so stated above.